This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

+ *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.

+ *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.

+ *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.

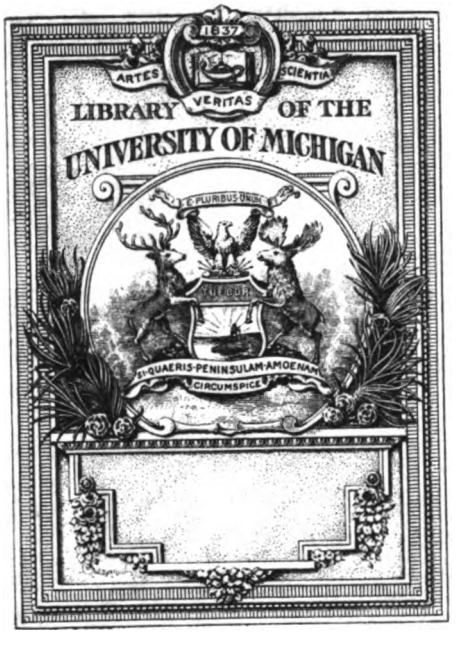
+ *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at `http://books.google.com/`

B 3 9015 00210 168 4
University of Michigan – BUHR

Digitized by Google



THE GIFT OF

Dr. W. A. Dewey

Digitized by Google

H610.5
M5
C86

Digitized by Google

Digitized by Google

1315

THE MEDICAL COUNSELOR.

A MONTHLY JOURNAL OF HOMŒOPATHY AND COLLATERAL SCIENCES.

OLD SERIES, VOL. XV.
NEW SERIES, VOL. I.

DETROIT, JANUARY, 1896.

No. 1.

TWELVE REMEDIES IN CONSTIPATION, WITH COMPARISONS.

BY W. A. DEWEY, M. D.,
70 W. 54TH ST., NEW YORK.

I. NUX VOMICA.

Perhaps no remedy in the whole Materia Medica is oftener prescribed for anything, than is *nux vomica* for constipation. Now, *nux vomica*, as we shall see, has peculiar and characteristic indications for constipation, and when prescribed upon these indications it will cure every time. Nothing is surer than this. But *nux vomica* is often prescribed, when these indications are not present and often does much good; in this class of cases there will almost invariably be present one of the great clinical indications of the remedy and that is, its value in *antidoting purgative medicines.* In many cases of inveterate constipation calling for this, that, and the other remedy, it will be noticed that expected results are not obtained and will not be obtained until *nux vomica* has been given to antidote the effects of drastic medicines. Then the case can be prescribed for, the indications followed, and success result. *Hydrastis* is another remedy that is useful sometimes after the abuse of purgatives, laxatives, cathartics and their like. *Hydrastis* has a symptom however which is quite characteristic, that is a sinking, gone feeling at the epigastrium which *nux vomica* does not have to any extent. The constipation of *nux vomica* is usually of the kind induced by lazy habits, inattention to Nature's calls in the first place, want of exercise, sedentary habits, and a sluggish condition of the whole system. It is due not only to inactivity of the intestines but to an irregularity of the peristaltic actions, giving rise to the great characteristic *constant ineffectual urging to stool* and when the stool does occur it is incomplete and unsatisfactory, as if a part remained behind. Now *carbo veg.* has urging but it is due to wind, while *opium* and *bryonia* have no urging at all. *Anacardium* resembles *nux vomica* in many ways. It has a sensation of a plug in the rectum which cannot be expelled. There is fitful intestinal activity but withal a powerlessness of the rectum. Even soft stools are expelled with difficulty. The mental symptoms of *nux* are important in treating constipation, for the effect that constipation has upon the minds of some people is well known. In cases indicating *nux vomica* there will be great crossness, irascibility and objection to all opposition. The *nux* stool is also apt to be large, and hæmorrhoids are a frequent accompaniment. We may sum up *nux vomica* by calling again the attention to the mental characteristics, the sedentary temperament, the fitful intestinal action and its antidotal relation to purgative drugs.

II. SULPHUR.

Many of the older homœopaths used to give *sulphur* and *nux vomica* in alternation for *constipation.* They complement each other, follow each other well, but better results will be obtained if each be given singly when indicated; for surely, both cannot be indicated at once. With *sulphur* there is an ineffectual urging to stool with a sensation of heat and discomfort in the rectum, and there is a general uneasy feeling all through the intestinal tract due to abdominal plethora or passive portal congestion. It is a very useful remedy with which to commence the

141501

Digitized by Google

treatment of constipation, though, unless the symptoms, call for it, it should not be given. The stools are hard, dark, dry and expelled with great straining, the first effort to stool being extremely painful. There is apt to be much itching and burning of the anus. The evacuations are often unsatisfactory and as in *nux*, there is often a sensation as if a part remained behind. Another characteristic symptom of *sulphur*, is constipation alternating with diarrhœa. The general temperament of the drug has much to do with its choice, in fact almost all of the indications for its use will be the general ones. The general venous system is usually at fault in true *sulphur* cases, and anything that stimulates this system into action such as exercise and cold always benefits the *sulphur* patient.

III OPIUM.

While the constipation of *nux* is due to irregularity of intestinal action, that of opium is due to absolute inaction of the intestines, a regular paralysis of the peristaltic movement. There is an absence of desire, absolutely no urging to stool whatever, and so the fæces become impacted in the bowels, and when passed at all, come in little, hard, dry, black balls, here resembling the stool of *plumbum*, but with *plumbum* there is *some* activity. Another drug which has no urging to stool is *bryonia*, but here the lack of urging is rather due to dryness of the mucous membrane than to intestinal inactivity with *opium* there is a *want of sensibility* throughout the intestinal tract and consequently the constipation is not apt to inconvenience the patient, hence it is apt to go on getting worse and worse, until the patient's attention becomes called to it by the flatus accumulating in the upper portion of the intestines. Where the fæces require artificial means for their removal this remedy should be thought of, though *selenium*, *alumina*, *plumbum* or *bryonia* may be used for this condition.

Diminished secretions are also characteristic of *opium* so that dryness, as well as intestinal inactivity is one of the causes of constipation calling for the drug.

IV. PLUMBUM

As we have already seen, with *plumbum* there is some intestinal action, in fact at times there is considerable. Lead Colic is one of the effects of the drug. So we have urging to stool and accompanying this urging is a colic with a marked retraction of the abdominal walls. The stool is passed with the greatest difficulty and consists of little round balls which are black, dry and hard, and there is accompanying, a marked spasm of the sphincter ani, which is apt to be painful. The anus feels as if drawn upward. With this drug there is loss of muscular activity and diminished secretion of intestinal glands. Thus we see that the indications for *plumbum* in constipation are concise and precise.

V. ALUMINA

Chief among remedies for constipation due to dryness of the intestinal tract stands *alumina*. There is complete inertia of the rectum so that we have the symptom, soft stool expelled with difficulty, explained. There is little or no urging to stool. The stools may be hard and knotty like sheep dung, or may be soft. It is one of our most useful remedies in constipation of children where the rectum is dry, inflamed and bleeding about the orifice. *Alumina* differs from *bryonia* chiefly in the state of rectal inactivity. A dry mouth and an irritated looking tongue may lead to the selection of *alumina*. There is much straining with the remedy and the stool is passed in very small quantities, piecemeal, so to speak.

VI. BRYONIA

The large-hard-dry-stool-as-if-burnt, of *bryonia* is as familiar as a household oath. The constipation of the drug is due to dryness and there is no urging, *Alumina* is similar, its constipation is also due to dryness, but it has such complete inactivity of the rectnm that even a soft stool is expelled with difficulty. With *bryonia*, the stools are passed with a great deal of difficulty, owing to an atony of the intestines similar to *veratrum*

Digitized by Google

album and *opium*. *Nux*, as we have seen produces and cures constipation due to fitful irregular peristaltic action. *Bryonia* cures constipation where not only the intestinal secretions are diminished but the muscular action as well. It is said to act better in rheumatic subjects and in summer. The mental condition of irritability and ill humor will often be present as a concommitant of the *bryonia* constipation.

VII. NATRUM MURIATICUM

All the muriates have crumbly stools, and so we find that the characteristic constipated stool of *natrum muriaticum* is a hard and crumbly one; the rectum is dry, the stool is hard to expel and causes bleeding, smarting and soreness in the rectum. There is ineffectual urging to stool with stitches in the rectum. It sometimes comes in the most obstinate cases which are accompanied by hypochondriasis. *Magnesia muriatica*, another of the muriates, has characteristically a constipation in which the stools are passed with great difficulty, being composed of hard lumps like sheep dung which are so dry that they crumble as they pass the anus. *Ammonium muriaticum* has this same symptom of dry and crumbly stools, they may also be coated externally with mucus. In constipation of young people who are subjected to acne and comedos, *natrum mur*, will be thought of.

VIII. LYCOPODIUM

Like *nux.*, *lycopodium* has a sensation after stool as if something remained behind. Constipation due to constriction of the rectum calls for this remedy and here it reminds one of *silica*. The constipation too is apt to be associated with hæmorrhoids, the rectum contracts and protrudes with the stool. The stools are dry and hard or the first part hard, the last soft. In the constipation of children and pregnant women it often finds a place. A great deal of rumbling in the abdomen following the stool is an additional indication. *Nux* and *lycopodium* may be easily distinguished though each have ineffectual urging to stool. In *nux*, as we have seen, this is due to irregular peristaltic action while with *lycopodium* it is due to a constriction of the rectum.

IX. GRAPHITES

Graphites is one of our best remedies in constipation if Homœopathy can be said to have "best remedies." With this drug there is no urging. The patient sometimes goes days without a stooland when it does come it is composed of little round balls knotted together with shreds of mucus and accompanied with great pain when passing owing to fissure. These fissures as well as the hæmorrhoids which accompany them, burn, smart and itch intolerably. Excessive soreness of the anus in making the *post defecation* toilet is an indication for its use. Three or four remedies are usually to be thought of in this condition of fissure of the anus. they are *silica*, *nitric acid*, *pæonia* and *ratanhia*, these with *graphites* will remove in most cases the underlying disease leading to fissure. Aching of the anus after stool is also characteristic of *graphites* and sometimes we have with the drug an ineffectual urging.

The mucus-coated stool, the extreme soreness of the anus, the general *graphites* temperament of sadness and obesity, will easily decide for the remedy.

X. PLATINA

With *platina*, there is torpor of the whole intestinal tract, unsuccessful urging to stool and great dryness of the rectum. The stools seem to adhere to the rectum like glue or putty. There is great weakness in the abdomen and a sensation as if there was a load in the rectum which could not be expelled. It is considered a remedy for the constipation of emigrants and travelers, so it would seem to find an additional indication where the trouble was brought on by change in manner of living. It is also a remedy for the constipation due to lead poisoning. There is frequent urging, scanty dry stool and great abdominal weakness. As under *ignatia*, there are sometimes sharp stitches in the rectum.

Digitized by Google

XI. SILICA

When constipation is due to inefficient expulsive force of the rectum and a spasmodic condition of the sphincter then *silica* is our remedy. With this condition we have the symptom that the stool slips back when partially expelled. The sphincter suddenly contracts and the partially expelled stool recedes. *Causticum* has constipation due to powerlessness of the rectum, so that the patient almost stands in order to enable him to get sufficient power to expel the stool but the spasmodic condition of *silica* is absent.

As with *graphites*, *silica* has a great deal of soreness about the anus, also an oozing of moisture. There is urging to stool and a sensation as if fæces remained in the rectum.

XII. VERATRUM ALBUM

Through this remedy is one of our greatest diarrhœa remedies, it has a marked effect in the treatment of constipation. The symptoms calling for its use are as follows: There is complete atony of the intestines as under *bryonia* and *opium*. The fæces accumulate in large masses in the rectum the patient strains and strains, often breaking out into a sweat but finally has to give it up, and the fæces have to be removed by artificial means. There are extreme cases when the patient is able to force a passage himself, the stools are large hard and black. As with the diarrhœa there may be faintness after the stool. Dunham speaks of the constipation of *veratrum* as one characterized by a disposition to stool in the upper part of the intestinal canal and an indisposition to stool in the lower part.

It comes in very well after *nux vomica* especially in constipation of children.

Of course the above twelve remedies will not cure every case of constipation, but they will, if studied closely be found to correspond with the majority of cases.

During the past year the National Homœopathic Hospital, Washington, D. C. treated 458 patients, of whom 168 were pay, and 295 free patients.

Receipts were $21,089.23. Expenditures $20,506.88.

WHAT IS NATURE'S SIMILIMUM?

The Law of Cure is with doubt operative at all times, else it is not a law. An exchange says, "the fixed unchanging law ought then surely to enable the practitioner to make his prescriptions with the same fixed accuracy and unerring precision".

That depends, first, on what a *similimum of a disease* is. Is it a sickness caused by the drug acting upon a normally well person?

Then it is *an assemblage* of symptoms, which produce a whole, or unity.

It is not two of those symptoms; it is not three of them; it is not even the leading symptom, nor the two leading symptoms, nor even three.

This assemblage is to resemble *the totality of the actual disease.* Is that correct, or is it not? On the answer to this turns a very big question. Nature will not give the same results to bunglers she bestows on those who accurately follow her directions.

This is the way the question is now answered. It is not necessary that the unity of disease symptoms should be the same as the unity of the drug symptoms, presented by any single prover.

You may construct any sort of unity you choose, from as many separate provers as you choose, with no regard to association as exhibited in nature, but an association wholly and totally artificial from beginning to end.

Yes, and what will be the result? That is just what no man can tell. If by chance the prescriber hits the work, he hits it by chance, not from science.

If he doesn't hit it, he blames the law. Well, Nature never yet went back on any law of hers, even in the slightest particular.

Where then is the trouble? Certainly not with the law; for what cured once will do it again, all other things being the same.

Is there any law of cure, that will allow one to make a hap-hazard similimum out of a dozen examples of drug-sickness with no reference to the time they appeared and the association in which they had their origin?

Digitized by Google

The reply ought to be yes. Why? For that is the way homœopathy has been doing from the time of Hahnemann to the present, and it certainly has made some brilliant cures. This is true beyond a doubt; but it has made some equally conspicuous failures, has it not? I take it no one will deny the latter inference; if he does, let him produce a complete history of his cases for the next six months. We, that is the rest of the world, have something to learn from such success as that.

Thus far only one phase of the solution of the application of the law has been touched, "What is Nature's similimum of the natural sickness".

Will any of our correspondents who feel they have the right answer to this most important question, kindly enlighten us. These columns are open for answers that are to the point.

M. W. V.

The Chicago Record of November 5th, 1895, says: "Assistant Commissioner of Health, Dr. Reilly, yesterday submitted a report of the diphtheria epidemic and the exact status of affairs during the month of October. During the week ending October 5th, there were 43 deaths and 103 cases reported, with the balance of the month as follows:

Week ending Oct. 12th,	55,	deaths	and	83	cases	reported.	
" " "	19th,	65	"	"	144	"	"
" " "	26th,	55	"	"	166	"	"
" " Nov.	2nd,	71	"	"	122	"	"

This is an increase in the death rate over October of last year of 53%. The physicians of the department are still administering the antitoxine remedy."

Yes, the physicians of the Department are using more and more of the antitoxine--giving it away gratis to the poor and inoculating gratis the employees of large establishments, yet in spite of this treatment, which was supposed to abolish the terrors of diphtheria and which is recommended in the highest terms by the Health Department, the death rate for five weeks runs 41%, 66%, 45% 33% and 58% This is the showing of the scientific treatment which was announced to positively knock the spots off Homœopathy and bury it with Koch's lymph, Brown Sequard's elixir, et al. *Sic transit gloria mundi.—N. A. Jour. Hom.*

THE THERAPEUTICS OF TRAUMATISM.

BY C. S. MORLEY, M. D.,
DETROIT, MICH.

The notions which have prevailed in different countries, as to how injuries should be treated and especially as to the care and proper treatment of the injured would make an interesting and instructive chapter in the annals of surgery.

The influence of such ideas can easily be traced in our own time.

The evolution of the idea of physiological and mechanical rest, so ably set forth by Hilton in his classical "Rest and Pain" had its origin in most distant ages. And what now seems most simple, rational and natural is nothing of the kind, for it has taken us ages to find it out.

Drugs used in the treatment of the injured, have never been used so far as I can learn, in a rational or scientific manner.

The indications for their use have been often fanciful or worse; and upon the whole the best that may be said of them is, that the drug therapeutics of traumatism is purely empirical.

So far as wounds are concerned, the entire field must be surrendered to antiseptic treatment, which some people want to name "Aseptic Surgery" under the pretension that it involves a different principle.

Now, the methods of Antiseptic Surgery have dealt so successfully with wounds, that the entire locality injured, had better be left scrupulously to the carrying out of these principles.

The injury itself nature will have to repair, while art directs the forces and science prescribes the conditions.

If the injury is contributed to by disease, if indeed complications arise out of the operation of internal or vital causes, then the general therapeutics must be invoked.

It may not occur to one who has never considered the matter attentively but it is

Digitized by Google

nevertheless remarkable how many diseases and complications of diseases and injuries are due to traumatism. It would take a book to enumerate them.

And when this fact is comprehended, it will be better understood, how a surgical therapeutics may be in time built up, upon a scientific basis.

Although originating in the most unintelligent empiricism, see what has been actually accomplished with *arnica* for instance, and yet we cannot admit that *arnica* or any other remedy has any relationship to traumatism, the condition is a deeper and subtler one than that. It is very comprehensive although distinctly individual—it is in the muscle fibre, the vessels, the cellular elements, and in the individual as an entire LIVING MACHINE. What is true of *arnica* is also true of all the remedies in our Materia Medica. There is no such thing as a *special* therapeutics of surgery, it is all *general.* But there is a general therapeutics of surgery just as tangible as general medical therapeutics.

Until we are headed the right way, we cannot expect to progress much.

Homœopathy must become scientific, if she is in prossession of any facts outside of those generally accepted, science must enlarge her boundaries sufficiently to admit them. Science cannot remain *Science* and ignore a single fact!

Nor should we fail to do our duty in purging ourselves of error.

The time has come when surgeons should join in the investigations of a general surgical therapeutics, upon an experimental basis.

The homœopathic school should lead the world in this regard.

The therapeutics of traumatism is a field, they ought to hold against all comers.

Who are the men, where is the opportunity to undertake the great work?

New Jersey homœopaths are taking steps to secure from the State the control of at least one Insane Asylum.

CLINICAL CASES.

BY PROFESSOR JAMES C. WOOD,

CLEVELAND MEDICAL COLLEGE.

Case 1. Miss——, aet. 34. Has had prolapse of the rectum since four years of age, and although a highly educated woman for years supposed that it was the normal condition of girls and did not worry over the matter in the least. As time passed the procidentia became more and more marked so that the bowel would come down for four or five inches at each defecation. It could only be returned by assuming the knee-chest posture and mechanically replacing it with the fingers. At times there was a good deal of hæmorrhage but, strangely enough, up to a few days before the operation she experienced no serious inconvenience other than a slight incontinence of fæces and gas when the bowels were loose, notwithstanding the fact that she was the principal of a large school and her duties were arduous. Some three days previously to the operation, while sitting on a commode, she cut herself seriously and had it not been for the timely arrival of her medical attendant, Professor George S. Quay, she would have bled to death. Immediately after the above accident she was removed to the Huron Street Hospital and examined under ether. Six inches of the bowel were easily drawn into the world; it was intensely congested and the mucous membrane was enormously hypertrophied. At the upper limit of the prolapsed tissue there was a stricture through which the index finger could barely be passed. This stricture evidently occurred during childhood from some inflammatory action and as the fæcal matter descended from above it crowded the canal before it in such a way as to create the procidentia. I was sure, too, that the cul-de-sac of Douglas had decended with the bowel and that if an amputation were made at the upper limit of the prolapse I should penetrate the peritoneal cavity. However, I could see no other way

Digitized by Google

to proceed except to make the radical operation, and so, with great care least the exaggerated Douglas pouch should contain a loop of small intestine, removed six inches of the gut close to the anal margin. The precaution was taken to secure the proximal end of the rectum with forceps before the tissues were entirely severed so that it might not slip beyond my reach.

After the amputation I found myself, as I expected would be the case, in the free peritoneal cavity. Before securing the cut border of the rectum to the skin surface I removed a V-shaped mass from the posterior portion of the sphincter and brought the divided edges of the muscle together with buried sutures of chromacized catgut. Next quilted sutures were passed about one inch from the cut border into the rectum and brought out upon the skin surface at nearly the same distance. Four of these were used. This is a suture I devised to sustain the cutaneous sutures in the American operation and described in full at the Denver meeting of the American Institute of Homœopathy. A good sized rubber drainage tube was passed into the peritoneal cavity in front of the gut and after the tension sutures were secured, the cut end of the bowel was nicely approximated to the skin surface by a means of a continuous chromacized catgut suture. The patient was removed from the table in good shape and convalesced uninterruptedly. She had complete control of the bowel from the first, much better than she had before the operation, and today eighteen months later, is perfectly well.

This case is somewhat unique for the following reasons—First, the degree of prolapse was much greater than is usually the case. Second, the long continued duration of the trouble before an operation was finally resorted to. Third the manner in which the peritoneal membrane was carried down with the bowel, demonstrating most emphatically the necessity of exercising care in operating upon any form of procidentia of the rectum. And, finally, the manner in which the operation was performed. I devised the technique after the patient was placed upon the table and am not aware that just such a procedure has before been resorted to. I refer to the manner of securing the bowel with the tension sutures and to the method of overcoming the relaxation of the sphincter. At any rate the results are all that can be wished for and I hardly believe that the technique could have been improved upon in this particular case. As a matter of fact I presumed before making an examination under ether that the condition was one of hæmorrhoides and was much surprised when I found that the bowel could be prolapsed for six inches.

Case II.— Mrs. F. aet. 42, patient of Professor T. C. True. She has had seven children, the youngest being seven years of age. Has not been well since the birth of her last child. One year ago she lost a favorite daughter with diphtheria, since which time, symptoms of insanity have been prominent. Her insanity was in the form of melancholia, though not of a suicidal nature. She was so thoroughly under the sway of the "evil one" that she would not leave her room for days at a time. In many other respects she was excessively nervous and complained much of pelvic pain and distress. She came to me in May of this year, at which time I found that the uterus was badly lacerated and subinvoluted, the fundus retroverted and the right ovary bound down under the fundus between it and the rectum. The patient was much exsanguinated from the loss of blood from the uterus, which was menorrhagic in character. It seemed to both Professor True and myself that the only recourse was vaginal hysterectomy. I presume that by a series of operations, consisting of curetting, trachelorrhaphy, salpingo—oophorectomy and ventral fixation, the uterus could have been spared and the patient cured but I do not believe, taking all of the facts into consideration, that such a course would have been advisable. In the first place it would have necessitated at least two.

Digitized by Google

sittings, which in the mental attitude of the patient, would have been bad for her; in the second, an enlarged uterus would have been left behind which would have been a menace to the patient for at least a year. Vaginal hysterectomy was therefore, performed on July 9th, of this year. The uterus was first packed with gauze when the posterior pouch was opened into and the peritoneum stitched to the vaginal mucous membrane with one stitch of chromacized catgut, the ends of which being left long were caught in forceps and carried out of the way. Next the anterior cul-de-sac was dealt with in the same way. The broad ligaments were then tied in sections on either side with chromacized catgut. After the uterus was removed, the stumps of the ligaments were stitched to the vaginal mucous membrane, the ligatures for this purpose being also left long. Those which were used for securing the broad ligaments were cut short. This left four ligatures in all, one in front, one posteriorly and one on either side. Now by tying the one in front and the one behind and the two lateral ones together the vaginal vault was completely closed with out the loss of a minute's time and as effectually as though the running catgut suture had been used for the purpose. Those who have done this operation in the old way will appreciate what a saving of time this method is over the older one. Care must be taken not to utilize for this purpose the ligatures which are applied to the stumps of the broad ligaments for when the patient vomits these might slip with disastrous results. I should have added that the ovaries and tubes were removed with the uterus. A small strip of iodoform gauze was left behind for drainage.

Convalescence was uninterrupted, the temperature never reaching the 100° mark. The patient was relieved of her mental symptoms almost as soon as the operation was over and remains perfectly well in every way.

I cannot tell how many cases of serious mental aberration have passed under my observation which have been either greatly benefited or entirely cured by operative interference. Certain it is that pelvic lesions in women, and lesions of the lower orifices of the body, do often affect the mind in a most profound way and it is surprising that our alienists do not give more attention to the subject. I have even seen the most marked suicidal melancholia relieved by replacing a retro-displaced uterus. During the last year a case was brought to me by Professor H. H. Baxter where the most absurd delusions existed; the patient was entirely relieved by removing some large hæmorrhoids and dilating the cervix. Less than a year ago Doctor Kate Parsons of this city brought to me a little woman who had twice attempted suicide and who is apparently perfectly well since her uterus, which contained a bleeding fibroid the size of an orange, was removed. Some eighteen months ago Doctor L. H. Tillotson, of Painsville Ohio, brought to me a patient forty years of age, who was deep in the slough of mental despond and had been for years. The cervix was lacerated, the uterus subinvoluted, the pelvic floor badly relaxed and the rectum full of hæmorrhoids. All of these lesions were corrected at one sitting and it was my pleasure to call upon her at her own home a short time since. She had gained twenty pounds and was the picture of health and contentment. She said that she had not had the slightest mental depression since the operation. A similar case came to me from Doctor A. B. Allyn, of Chardon, Ohio, where the results were almost as favorable. These are a few of the cases which are fresh in my mind and they serve to illustrate in a most striking way the benefit to be derived from operative interference when actual lesions of the pelvic organs exist. Surely it is high time that our neurologists and alienists awake to the fact that there are other organs besides the central nervous system. I freely admit that the tendency with all specialists is to concentrate their vision upon the special organs which comes under their particular field of observation and that the gynæcologists are

Digitized by Google

no exception to this rule. However, in dealing with nervous and mental diseases it is oftentimes necessary to remove possible local lesions, one by one, before the cause is finally discovered. In other words absolute precision is out of the question. The specialist who poses as an infallible is an unsafe man to tie to. The nervous system of woman is more impressionable than that of man and this fact must constantly be borne in mind. She is dominated in no small degree by the condition of her pelvic organs. They may remain in a state of disease for an indefinite length of time without creating serious trouble but the time is liable to come sooner or later, when her vital forces will be reduced to a point of non-intolerance when she will go to pieces. Such a crisis came in the case cited above when the daughter died. Very often it is the disturbance incident to the climacteric period which makes the local lesion operative. When the crisis does come, local relief must be had or the patient will become either a physical or a mental wreck. In lacerations of the cervix it will often make its appearance in the form of carcinoma. The nervous disturbance may not amount to actual insanity but end in hysteria. At any rate the woman is ill and she is ill because she is the victim of some local cause which is curable by mechanical or operative measures only. How infinitely better it is to seek out the cause and remove it, if it is possible so to do before the patient reaches this deplorable state. That is just exactly what our alienists, with few notable exceptions, have not been doing up to the present time. I believe that a goodly per cent, of insane women could be spared the horrible fate of an asylum by the timely correction of local lesions. In making this statement I do not want to be considered an extreme localist. On the contrary I believe most thoroughly in the "totality of the organism". When, however, local lesions are as plain as the nose on one's face, common sense as well as the accumulated evidence of the utility of operative interference, suggests the wisdom of removing them at once, especially if this can be done by operative procedures attended with but slight danger.

Case III,—Mrs. B.—aet 40, patient of Doctors A. B. and Ella J. Collins, of Monroe Michigan. Has had four children and her pregnancies and confinements were in every way normal. The cervix is badly ulcerated, the condition being without doubt one of malignancy. There is also a growth in the left breast which a subsequent examination proved to be malignant. Vaginal hysterectomy was performed according to the method prescribed in Case II and the convalescence in every way normal, the patient sitting up at the end of fourteen days. On the twenty-first day the breast was also amputated, the axilla being thoroughly emptied as a matter of course. She also convalesced nicely from the second operation, the wound healing by first intention throughout. The interesting feature of this case is the fact that the uterus was double, the fundi being perfectly symmetrical with a separate cervical canal leading into each fundus. While double uteri are by no means uncommon, I never before met with one. I presumed that the unnatural condition discovered on bimanual in this case was due to a fibroid or a malignant nodule projecting from the body of a single organ. Of course a more careful exploration with the sound would have given me accurate information but I did not deem such an exploration called for. It was clearly an operative case and the only thing to do was to remove the entire organ. I believe that the disease was confined to the uterus and that the patient will have no return of it at that point. The breast, however, gives me more uneasiness as the axillary glands were involved, and it is more probable that in time it will return, there. At any rate her life will be prolonged by the operations and if there is a return death will, in all probabilities, be infinitely less painful than if they had not been done.

Case IV.—Miss P..., aet. 40, patient of Professor Martha A. Canfield, of Cleveland.

Digitized by Google

She was perfectly well up to the time the present symptoms began to develop. Three years ago she discovered that the hypogastric region was unduly prominent and that her menses were increasing in duration and amount. She subjected herself to an examination and her physician discovered a fibroid about the size of a fœtal head. This continued to grow until it gave rise to decided deformity with distressing pressure symptoms which greatly interfered with her work as a nurse. An operation was decided upon and was done on the nineteenth of October of this year, at Doctor Canfield's private hospital. The patient was first placed in the exaggerated lithotomy posture when the anterior and posterior cul-de- sacs were opened into, as in vaginal hysterectomy. The uterine arteries were secured in catgut from below. She was then placed in the Trendelenburg posture and the abdomen opened from above. Sterilized towels were packed over the intestines to catch any blood that might gravitate toward them. The broad ligaments were tied off with chromacized catgut from above and the tumor, together with the entire uterus, removed. The anterior and posterior peritoneal layers of the ligaments were stitched together with a running catgut ligature, some strips of iodoform gauze carried into the vagina for drainage, and the abdomen closed. In closing the abdomen I first bring the peritoneum together with a running catgut suture the fasciæ and muscles are next closed with interrupted sutures of the same material and the skin surface with a concealed silk suture, afthe method of Kelly. This leaves but one suture in the entire operation to be removed and that is easily and painlessly done. More than this it leaves almost no scar behind. In the present case this suture was removed on the tenth day and the resulting cicatrix was hardly preceptible. On the seventeenth day I found the patient walking about the room and she returned to her home at the end of the third week. At the present date (December 12th,) her convalescence is complete. There is one fact which I have frequently observed when the uterus is removed with the appendages, and that is that the nervous symptoms are much less distressing than when the ovaries alone are removed. The probable explanation is that when the uterus and all of the tubes are removed there is not the slightest tissue left behind to pinch the sympathetic terminals; again, the menstrual wave, if the thory of Robinson as to the cause of menstruation is correct, is not inaugurated by the nerves extending from the uterus to the sexual center in the lumbar spine, so that the flushes of heat are almost entirely done away with.

A CASE OF HYDATIDIFORM MOLE.*

BY MARY THOMPSON STEVENS, M. D.,
DETROIT.

There may be some question as to whether such a subject properly belongs to the Bureau of Gynæcology instead of to that of Obstetrics; but having been asked to write a paper for the former Bureau, and not for the latter, and realizing that one can always write but what most interests one, I asked and graciously received permission from the chairman to write upon this subject, as it was just then engrossing my attention. And since the question of diagnosing this from all other pelvic growths, benign or malignant, necessarily arose, perhaps it will not be considered as very much out of place, since we can hardly have any Mason and Dixon's line in medicine.

The patient presented herself at the office for examination, having the following history: Age 28 years; married 10 years; oldest child 9 years old, youngest 6 years, one having died between these two births. Menstruation had commenced when she was 15 and had always been attended with extreme suffering. Her labors were very easy and of only an hour in length.

* Read before the Hom. Med. Society of Mich. 1895.

Digitized by Google

Since her last confinement six years ago, she has had two miscarriages, due undoubtedly to the condition of the uterus, the cervix being very badly torn and there being an endometritis evidently of long standing. Careful questioning failed to elicit any unusual symptoms in connection with these two miscarriages, the last one being about 16 months prior to the beginning of the condition herein described.

Menstruation should regularly have come on the 13th of the month, but did not, and she began to suspect pregnancy. On the 27th, two weeks later, a peculiar discharge commenced, thin, watery, like prune juice, often accompanied by clots of blood and small gelatinous masses, that she described as "pieces of flesh". Occasionally there was nausea and vomiting, and latterly a constant severe pain in the sacral region, extending around the abdomen, making it sensitive to pressure.

This discharge continued with occasional intermission for nearly three months, till, finally becoming alarmed about herself, as she was becoming much depleted, and fearing a malignant tumor of some kind, she came to our office.

Only a superficial examination could be made there, because of the extreme tenseness of the abdominal muscles, due partly to nervousness and partly to the tenderness. This revealed the os soft and patulous, directed to the left, the uterus irregularly enlarged, and an almost constant exudation of the fluid before described.

Later at her home she was anæsthetized and then a thorough examination made. The uterus was found to extend a finger's breadth above the umbilicus, and was soft and doughy, much like a uterus after delivery, when relaxed and filled with blood. It lay almost entirely to the right of the median line.

By the use of a faradic current for about 20 minutes, the os was softened and somewhat dilated, as with only slight additional forcible dilatation a curette could be used. By this means large quantities of tiny cysts were removed, with a profuse discharge of the prune-juice fluid; none of the cysts that were intact being larger than millet-seeds, though doubtless larger ones were broken down, as the mass was very friable. It was situated in the right cornua, and hence not easy of access.

The diagnosis was thus complete as a case of hydatidiform mole, the three diagnostic points being the cysts, the early and prolonged discharge, and the uterus, flaccid and enlarged out of all proportion to the duration of the pregnancy.

The curetting was no sooner finished than the os closed and the uterus contracted down quite firmly on the fœtus.

The uterus was then thoroughly irrigated with potassium permanganate solution and the vagina carefully and firmly tamponaded with antiseptic tampons. They were twice renewed at intervals of about eight hours, as in an ordinary case of inevitable abortion, till the uterine contractions had sufficiently dilated the os, so as to admit of removing the fœtus in sections, this being done about thirty hours after the curetting, both fœtus and placenta appearing perfectly healthy.

The uterus was then irrigated with the potassium permanganate solution and again the following morning, but not after that; as there were no symptoms of sepsis, the temperature never rising above 100°, except once when there was some trouble with the breasts, which was quickly overcome.

The patient then progressed rapidly to a good recovery, though of course still anæmic from the long continued drain. When the endometritis is relieved and the two lacerations repaired, she will doubtless gain much more rapidly than can be hoped for now.

Some time and labor might be saved the physician, if the curetting followed the expulsion of the fœtus, since much of the cystic mass might accompany it. But in the case described, the diagnosis could not be positively made until after some curetting, and it seemed as well to do it thoroughly when once commenced. Had the patient described or shown

Digitized by Google

us what often accompanied the watery discharge as well before as she did after the operation, when we described to her what we had found, we might have reversed the order of cleaning out the uterus.

But doubtless all have had similar experiences in which the most careful and prolonged questioning will fail to elicit some important symptom till the time has gone by when it would have been of incalcuable aid to the physician in the diagnosis of an obscure case and then it will accidentally be revealed.

The two points that seem to the writer most instructive and at the same time most fruitful of discussion are the origin of the trouble and the method of treatment.

There is a wide difference of opinion among authors as to the source of this trouble, some claiming it to be fœtal and others maternal in origin. There can certainly be no doubt but that this was due to maternal causes, since the foetus remained perfectly healthy, while there existed in the uterus itself an inflammatory condition favorable to the formation of abnormalities.

One thing that seems worthy of note and at the same time not readily explicable is that, though this is a disease of the chorion and commenced as it did, certainly not later than the sixth week of pregnancy, before the development of the placenta, this was apparently so normal. Unfortunately we did not make a microscopical examination, so there might have been a commencing cystic degeneration there, but if so, it was not yet noticeable to the naked eye. What seems the most plausible explanation is that the disease had not yet extended to the decidua serotina, where the placenta is formed, so that this remained healthy.

As to treatment, authors are almost a unit in recommending the expectant plan, but it seems to me that it is needlessly prolonging the patient's sufferings, because abortion or miscarriage is almost inevitable sooner or later, even if the fœtus lives and thrives, as in the majority of cases it does not,soon dying from the lack of nourishment, sometimes becoming atrophic and sometimes decomposed, then becoming the source of septic infection.

Furthermore,delay seems extremely hazardous to the patient's life, as violent hæmorrhages often come on very suddenly,when it is not easy to secure a physician immediately.

On the other hand with modern antisepsis and asepsis, the trouble may be speedily terminated with much less anxiety to the physician and with much greater comfort and safety to the patient.

NASO-OCULAR AFFECTIONS.

BY C. GURNEE FELLOWS, M. D.,
CHICAGO, ILL.

This is apparently an age of Specialism, and in our mad rush to know everything about one special organ of the body we are often prone to ignore other as important organs.

The reflexes have received a good deal of attention, and many times we look for the causative factor in disease, in a remote but sympathetic organ. Neighbouring tissues however, frequently produce distinct and perhaps mechanical causes which escape notice in an ordinary examination.

The eye is treated by itself for disease, and as a cause of many reflex disorders, throughout the nervous system. So much so, that I believe more stress has been laid upon the reflex diseases caused by ocular affections, than upon the fact that the eye itself is affected as a consequence of other and perhaps remote diseases.

I have seen many cases of asthenopia, for instance, dependant upon neurasthenia, and although we may discover muscular insufficiencies and refractive errors, the eyes will not recover their balance until the general disease has been corrected.

Insomuch as it is laudable for the general practitioner to refer his special cases to the

Digitized by Google

oculist, so is it just as incumbent upon the oculist, to refer, in turn, many of his cases back to the general practitioner.

Cases have been repeatedly treated and even operated upon, which do not and cannot get well, until insomnia, indigestion, intestinal disorders, kidney complications or other irregular conditions have been corrected.

Hence the demand that specialists shall be such, only after a thorough practical experience in general medicine. The fact that ocular are dependant upon nasal diseases, has been somewhat noted of late, and it is to some of these special cases that I wished to refer.

Inflammation of the lachrymal sac is a particularly well known illustration of a so-called ocular affection which is frequently if not commonly dependant upon intra-nasal disease.

Catarrhal affections of the nasal mucous membrane, have generally existed as chronic, long before the access of inflammation in the lachrymal duct, which is but an extension of the same mucous membrane. Hence when the latter becomes involved in a chronic inflammation, its cure must be accomplished by attention both to the offending and causative affection. By way of illustration—Mary B. had suffered from chronic suppuration of the lachrymal sac for some years. Had been treated by the regulation method of slitting the canaliculus, and probing, but with indifferent results. The sac could be emptied and cleansed, and there was, of course, more or less relief from this treatment, but no permanently good results. The lachrymal syringe had never been used, and no intra-nasal examination had previously been made.

This examination revealed nasal stenosis resulting from a polypoid degeneration of the inferior turbinated body, a condition somewhat unusual, but nevertheless present in this case.

The removal of this growth by means of the cold wire snare and followed by appropriate treatment, resulting in opening freely the lachrymal duct into the nose, so that the probe could be passed into and seen within the inferior meatus.

The secretions could now pass downward rather than upward.

By means of Anel's syringe the lachrymal sac was thoroughly cleansed with a solution of boracic acid 4% and pyoktanin 1 in 500, and a speedy and permanent cure resulted.

The cause of this affection is here shown to be intra-nasal, and so long as it existed, the disease which is commonly classed as ocular, could not have been cured.

In this manner I believe that chronic conjunctivitis, epiphora and kindred diseases are often directly traceable to nasal causes, and particularly to hypertrophic rhinitis.

I would therefore suggest as a matter of routine practice in external ocular affections, that the nose and naso-pharyux be carefully examined for the possible discovery of interdependant affections.

Correspondence.

The Ann Arbor Matter.

To the Editor of the Medical Counselor:

A few months since, both houses of the State legislature almost unanimously passed a bill directing the regents of the university to remove the Homœopathic College to Detroit, and appropriated $25,000 for the erection of buildings, etc. Previous to the passage of the bill, the regents declared to the joint committee of the legislature, their willingness to carry out whatever the representatives of the people might order—however, that was when no one supposed that the bill could be passed, except the two or three optimists who conceived it, and devoted energy, time, and money to see it through. When the legislators urged those in charge of the bill to attach a provision to the one sixth-mill bill, which would compel the regents to remove the college or lose the general appropriation, they declined, being unwilling by any possible chance to embarass the University income, The removal bill had no sooner

Digitized by Google

passed than the regents questioned the validity of the governor's signature, the power of the legislature to compel them to carry out its wishes, etc., and refused to do anything whatever. Recently the friends of the college applied to the supreme court for a *mandamus* to compel the regents to carry out the provisions of the bill. The matter is now pending, and it is hoped, will be decided at the next session of the supreme court early in January.

In the last hours of its closing session, Dec. 31, 1895, as a New Year's gift to the friends of Homœopathy, the Supreme Court handed down a decision declaring the validity of the Governor's signature, and the constitutionality of the law, thus placing the standing of the bill beyond question. The regents have still *one* leg to stand upon, viz., their contention that "the legislature has no right to direct them to do a specific act." If the Supreme Court decides against them the remaining leg will be knocked out; on the other hand, if it sustains their contention, the *law remains*, and the coming legislature will see that it is respected. However, it is hard to conceive of a set of men claiming to represent the people, so utterly and blindly regardless of the interests of the institution they control and of the wishes of the people *to whom it belongs*, as to deny the right of the people, to say what shall be done *with their own*. It is to be hoped that the better sense of some member of the Board will infect the others so as to induce them to adopt a rational and just course, and thus stem the feeling of protest against, their methods, that is daily growing stronger among all classes of people throughout our state.

The simple fact is, that with a fair deal (they were repeatedly before the committee of the legislature as well as the general sessions, to present their side of the case) they lost the game, and now refuse to pay. They must face the fact, however, that the bill passed both houses almost unaminously in spite of themselves and their powerful friends in the legislature; that it included an appropriation at a time when all appropriations were wofully cut down or refused outright: that it was the only grant to the University in 1895; that the bill has been endorsed by press and peoplë, and the medical profession of both schools; that they themselves admitted that the greatest benefit will accrue to the Homœopathic College, and promised to carry out what the legislature directed; and that they have now no tangible grounds for refusing except their alleged right to do as they please. When next they go to Lansing to ask for funds, their position will be peculiar, to say the least.

By the provisions of the one-sixth mill bill, the regents are obliged to maintain the Homœopathic College; hence during the summer, they set about trying to secure men to fill the various chairs, all of which had been vacated, with the result that the chairs are now filled as follows:—*Surgery*, Dr. LeSeure, residing in Detroit; *Diseases of Women*, Dr. Parmalee, residing in Toledo; *Diseases of the Eye and Ear*, Dr. Copeland, and *Materia Medica*, Dr. Hinsdale, both residing in Ann Arbor; *Mental Diseases*, Dr. Long, (lecturer without salary) residing in Ionia. The important chair of "*Practice*" is still vacant.

Twenty-six students have been registered so far, and it is announced that the hospital has a superintendent of its own, as was the case up to six years ago. In short, the regents have gone back, in part at least, to the conditions existing before both hospitals were put under one management. Friends of the college will be gratified to know that the legislative victory of last spring has accomplished this much, but their pleasure will be greatly lessened by reflection upon what the college might be were it now located in Detroit, equipped with a full faculty with the privileges of the magnificent Grace Hospital and Dispensary (free of cost to the State,) and in possession of the prestige and resources which a great commercial and manufacturing city of 300,000 people, with railways leading in every direction, would afford it.

Digitized by Google

The one voice by which the members of the state profession hailed the idea of removing the college to Detroit, speaks in no uncertain tone of their bitter disappointment at the defeat of the college during the past twenty years; of their settled dispair, of its being any different under similar conditions; and of the bright hopes indulged for the school under the new conditions imposed at their request by the last legislature. It goes without saying that they will not relinquish their purpose of removing the educational institution which friendly legislators established for them twenty years since, from the sandy foundation upon which it was builded, to a substantial and enduring site. Michigan homœopaths have ever been mindful of the university interests as a whole, and have been patient and long-suffering even while they saw their most cherished desires being frustrated; but the recent attempt of its enemies upon the life of the instution which they have so long tried to foster, aroused them to action and having secured a remedy for its ills, they will not rest content with the less than bare existence the fragment of a college has had or ever can have at Ann Arbor. They appreciate to the fullest extent the value of the removal bill, which was secured under far greater difficulties than was the original bill establishing the college. They appre iate also that the passage of such a bill has never been possible at any other time during the past twenty years, and that, almost certainly, it will never again be possible should they allow this crowning opportunity to go unimproved or unrealized.

D. A. MACLACHLAN.

Detroit, Jan. 2, 1896.

Important Supreme Court Decision.

The Supreme Court has handed down a decision which settles one point in the controversy over the removal of the Homœopathic Department from Ann Arbor to Detroit. The opponents of the removal claimed that Gov. Rich had not signed the bill according to the provisions of the constitution. The court has decided that the bill was signed in due form. A portion of the opinion we copy from the daily press.

"The case in which the opinion was filed called into question the validity of a street opening act in the city of Detroit, but the constitutionality of several acts, notably the Homœopathic College removal act, is settled by the present case.

"This case involves the question of the validity of an act of the legislature, passed previous to the last five days of the session, and approved by the governor after the adjournment of the legislature.

"Its determination depends on a construction of sec. 14, article 4, of the Constitution, which reads as follows:

"Every bill and and concurrent resolution, except of adjournment, passed by the legislature, shall be presented to the governor before it becomes a law. If he approve, he shall sign it. If any bill be not returned by the governor within 10 days, Sundays excepted, after it has been presented to him, the same shall become a law, in like manner as if he had signed it, unless the legislature, by their adjournment, prevent its return; in which case it shall not become a law. The governor may approve sign and file in the office of the secretary of state, within five days after the adjournment of the legislature any act passed during the last five days of the session; and the same shall become a law."

"This section, with the exception of the five-day provision, was a part of the former Constitution."

"No consideration of the public policy is urged why the governor should not sign bills after adjournment. The effect of relator's construction would be to give a bill passed the fifth day before adjournment the full period of 10 days within which it might be signed, while bills passed one day earlier would have but five. No reason is suggested for such a discriminatiom, and to our minds it is more reasonable that the convention should have supposed that all bills were to be signed within 10 days after passage, except those passed during the last five days, which were to be disposed of within five days after adjournment.

"We conclude, therefore, that the action of the governor was within his constitutional power, and that the proceedings cannot be prosecuted under the previous statutes. The writ is denied."

Read our Advertisements and patronize our advertisers if you want to do a good thing for yourselves and help us too.

Digitized by Google

Meetings of Societies.

The Annual Meeting of the Saginaw Valley Homœopathic Medical Society was held at the office of Dr. Knapp in Saginaw Tuesday December 10th. There was a good atendance present from Bay City, Saginaw and the surrounding towns, and everybody participated in the work of the society. Papers were read by Dr. C. A. Walsh on *Ingrowing Toe-nails and their Treatment*, and Dr. D. M. Nottingham on *Laryngeal Tuberculosis*.

Officers were elected for the ensuing year as follows: Pres. N. R. Gilbert, M. D., Bay City; Vice Pres. G. W. Pringle, M. D., Midland; Sec. Dr. S. B. Montique, Saginaw. After the regular work of the society was finished the members enjoyed a delightful dinner as the guests of Dr. Knapp. The next meeting will be held in Midland, when the society will be entertained by Dr. Pringle.

The Practitioners' Club organized eighteen months ago by a number of the younger members of the homœopathic profession in Detroit has had a prosperous career and a number of reforms owe their propagation to this organization.

The officers just elected for the ensuing six months are *Sec'y and Treas.* Rollin H. Stevens, M. D. *Board of Directors,'* Mary Thompson Stevens M. D. Harold Wilson M. D., E. J. Kendall, M. D. A different chairman is elected for each meeting so the club is peculiar in having no president.

Dr. J. M. Griffin, recently gave a lecture with practical demonstrations on the subject of "Hypnotism." which was very instructive.

Dr. R. Milton Richards, presented a paper at the last meeting on the subject of *Abortive Typhoid Fever through the Agency of Intestinal Antisepsis* which brought out considerable discussion and a variety of opinions.

The Committee on Materia Medica Conference of the American Institute of Homœopathy held a meeting at the office of the Chairman, Dr. T. F. Allen, on Thursday Nov. 21, at 3. P. M. Present: Drs. Allen, Deschere, Porter, Dudley and Dewey. Dr. W. A. Dewey was, upon motion, elected Secretary.

Dr. Allen stated, and it was generally consented to, that the work of this committee is to be to arrange for a *conference* upon the state of our Materia Medica and Therapeutics with the ultimate object of placing these subjects upon a scientific basis. Dr. Dudley, was of the opinion that this committee should at once proceed to gather all those competent to discuss the various points, and form the conference of such, and announce in our various journals the time set for the same. In other words, we have first, to decide what points should be discussed; second, to select the proper men to discuss these points; and third, to communicate with these men. Dr. Allen stated that the first and foremost thing to be done was to establish a basis, that is, to decide upon what grounds and plans the work of the improvement of our Symptomtalogy should rest. Dr. Porter suggested, inasmuch as much preliminary work would have to be done, that the questions presented by Dr. Dudley, in his communication to the chairman of this committee, be taken up and considered first. The secretary read these questions.

It was finally decided that the first three or four questions of Dr. Dudley's list, form the chief work of the first Conference. Dr. Allen requested that the members send in to the chairman a list of those considered eligible to discuss the various subjects. The secretary was instructed to prepare copies of Dr. Dudley's questions, and send them to the members of the committee. with the request that they make any suggestions or additions and send them in to the secretary *without delay*, together with suggestions as to the proper persons to write essays or discuss the various points. It was moved, seconded and carried that the five New York members of this committee be constituted a sub-committee to consider and appoint those who are to take part

Digitized by Google

in the discussions at the Conference. It was moved, seconded and carried, that the first meeting of the Conference be held on Tuesday June 16th. 1896 at 3. P. M. in Detroit. Adjourned subject to chairman's call.

W. A. DEWEY, SECRETARY.

The American Institute Meeting—At the meeting of the American Institute held at Newport R. I. last summer it was decided to hold the meeting of '96 in Michigan, and Detroit was selected as the place. The Institute accordingly appointed a local committee with Dr. D. A. MacLachlan as chairman, as follows: Harold Wilson, R. C. Olin, O. LeSeure, C. F. Sterling, E. L. Orleman, W. M. Bailey, V. T. Smith, M. J. Spranger, S. H. Knight, Detroit; R. C. Copeland, Ann Arbor.

This committee held a meeting Oct. 28. Dr. S. H. Knight was elected Secretary. It was decided to enlist the co-operation of all members of the Institute throughout the State and of any not members who were interested in making this meeting a success—the first ever held in Michigan. The following subcommittees were named.

On Halls.—Drs. Harold Wilson, chairman; V. T. Smith, R. H. Stevens, R. C. Rudy, W. R. McLaren, Detroit; H. M. Warren, Jonesville.

Hotels.—Drs. W. M. Bailey, chairman; Chas. S. Morley, A. Graham Detroit; A. B. Grant, Olivet; A. B. Cornell, Kalamazoo.

Reception.—Drs. C. C. Miller, chairman, O. LeSeure, C. F. Sterling, M. T. Stevens; Lucy Arnold, V. T. Smith, Detroit; S. G. Milner, Grand Rapids; D. M. Nottingham, Saginaw; W. E. Clark, Three Rivers; H. P. Mera, E. R. Ellis, Detroit; W. A. Polglase, Lapeer.

Entertainment.—Drs M. J. Spranger, chairman, A. E. Gue, F. V. Horne, J. M. Griffin, Detroit; J. C. Nottingham, Bay City; A B. Avery, Pontiac; C G. Crumrine, Battle Creek; J. A. Lenfesty, Mt. Clemens.

Finance.—Drs. R. C. Olin, (chairman and Treasurer of committee) E. Lodge, Mary Willard, Detroit; O. R. Long, Ionia; F. Lindley Hoag, Grand Rapids; R. S. Copeland, Ann Arbor; Joseph Cowell, Saginaw; L. R. Marvin, Muskegon; F. E. Palmer, Albion; Rachel Davison, Flint; W. A. Cotton, Escanaba; R. C. Markham, Marquette; W. J. Tyler, Niles; J. H. Reynolds, Grand Haven; N. R. Gilbert, Bay City; J. F. McGuire, Alpena; D. T. Smith, Jackson; Chas. M. Watson, Lansing; A. F. Randall, Pt. Huron; W. E. Jewett, Adrian; A. H. Thompson, Lapeer;

Committee on Exhibits.—Drs. R. M. Richards, G. G. Caron, A. Lodge, G. M. Canfield, Detroit.

Press.—Drs. S. H. Knight Chairman, R. H. Stevens, Douglas Long, Detroit; M. C. Sinclair, Grand Rapids; A. W. Saxton, Jackson; M. P. Hunt, Columbus Ohio.

Another Victory.—The Portland, Oregon, Hospital has been taken from the Allopathists who have run it for about seven years, since its organization, and made a homœopathic hospital. By this change Homœopathy is in possession of a hospital accommodating 60 to 70 patients. There are five acres of ground, beautifully located, in the city limits, and a fully equipped building, altogether representing a valuation of over $75,000. Dr. Osman Royal is made chief of staff, and an excellent staff of physicians and surgeons has been elected, so that Homœopathy need not fear the results that will be shown.—*N. A. Journal Hom.*

Homoeopathy.—According to Dr. J. Lester Keep, there are in the United States 6 National societies and 1 sectional society of homœopaths, 143 State societies, 112 homœopathic hospitals, 59 dispensaries, 35 homœopathic medical journals, 20 colleges, and 14,000 practitioners. In England a new homœopathic hospital has just been opened, which cost in its construction and appointments over a quarter of a million dollars. The practice of homœopathy, he says, has gained a strong foothold in Mexico, where a law has been recently adopted placing both schools of medicine on an equal footing. - *Med. Record.*

Digitized by Google

THE MEDICAL COUNSELOR.

A Journal of Homœopathy and Collateral Sciences. Published Monthly by The Medical Counselor Publishing Club, 57 West High St., Detroit, Mich.

EDITORS,

Harold Wilson, M. D., Stephen H. Knight, A. M., M. D.,

ASSOCIATE EDITORS.

Materia Medica.—M. W. VAN DENBURG, M. D. Fort Edward N.Y. R. MILTON RICHARDS, M. D., Detroit.

Surgery.—CHAS. S. MORLEY, M. D., Detroit.

Medicine —ROLLIN C. OLIN, M. D., Detroit.

Eye, Ear, Nose, Throat.—D. A. MACLACHLAN, M. D., Detroit.

Obstetrics, Gynæcology and Pædology,—
E. LOUISE ORLEMAN, M. D.,
MARY THOMPSON STEVENS, A. B., M. D., Detroit.

Diseases of the Chest.—W. R. MCLAREN, M. D., Detroit.

Mental and Nervous Diseases.—W. A. POLGLASE, M. D., Lapeer.

COLLABORATORS.

M. C. SINCLAIR, M. D., Grand Rapids, C. G. CRUMRINE, M. D., Battle Creek, D. M. NOTTINGHAM, M. D., Saginaw.

Subscription price Two Dollars per year. Single copies 20 cents.

Communications are invited from all parts of the world. Contributions, books for review and exchanges should be addressed to the Editors, 32 West Adams Ave., Detroit, Mich.

Business letters and remittances should be addressed to Rollin H. Stevens, M. D., Business Manager, 57 West High Street, Detroit, Mich.

Editorial.

An old and trusted friend the MEDICAL COUNSELOR greets you again after its short retirement, clad in new and fashionable garments. We are persuaded that our visit will be welcome because we have much to talk about. There is a large family of Homœopaths in Michigan—some four or five hundred—and the COUNSELOR would be pleased to serve as a means of communication between the members and to introduce them to one another. We are confident, too, that many members of our family have talents which they have hidden away in the earth;—these talents the COUNSELOR would put out at usury for the good of the profession. While the COUNSELOR will be a thoroughly scientific journal interested in Homœopathy wherever found, with the universe for a field, earnest and systematic efforts will be made to inform ourselves relative to Michigan men and affairs and give them a prominence not accorded in any other journal. Next June for the first time in its history the American Institute of Homœopathy comes to Michigan. In the columns of the COUNSELOR will be found notices of all the preparations for the reception of such a distinguished company as will be here, as also a complete and full account of all its sessions. The bill for the removal of the Homœopathic College from Ann Arbor to Detroit is yet to be argued before the Supreme Court and every member of the profession will need to get the full reports of the matter from the COUNSELOR. We shall use our best endeavors to further the interests of the Michigan Home at Lapeer, the Grace Hospital at Detroit and other homœopathic institutions of the State and if possible by our influence and advice create others.

We desire reports of Societies and personal items both in the State and elsewhere. We desire reports of interesting cases, especially those illustrating the superior curative action of the homœopathic Materia Medica. We desire articles upon any subject in which members of the profession are interested. We desire above all your encouragement and patronage.

S H K.

The College Removal Bill.

In another column will be found a report of the recent decision of the Supreme Court declaring constitutional and valid the signature of Gov. Rich upon the Homœopathic removal bill and also upon others signed under circumstances similar. Thus has one obstacle been removed from our onward march to ultimate victory. We must not flatter ourselves however, that we have won in anything more than a skirmish. The regents and their attorneys had long ago been convinced that they were doomed to defeat on this particular point and had refused to allow the question to be settled by this decision. Seeing nothing but failure ahead if the matter was argued upon just and reasonable grounds they have arrogated unto themselves supreme authority amenable neither to the people, the court or legislature. The position is well illustrated

Digitized by Google

by the words of Pres. Angell as given in the daily press.

"This does not decide all of the questions that confront the regents in the removal bill. A legal determination of the constitutionality of the measure must be had upon other grounds. One question is whether the legislature has any authority to order the regents to perform a specific act.

"It is upheld by many legal authorities, that the power of the legislature over the regents extends merely to coupling conditions to appropriations, and that the regents may then accept or reject the appropriation, according as they are convinced of the wisdom of attempting to carry out the object for which the money is appropriated."

The physicians having complied in good faith with the provisions laid upon them by the act of the legislature have endeavored by peaceable means to persuade the Regents to do their part. Failing in their efforts to accomplish this they have applied to the Supreme Court for a *mandmus*. The case will be argued this month. S. H. K.

The Centennial of Homœopathy.

The next meeting of the American Institute will celebrate the centennial of Homœopathy. It is something for a system of medicine or for any organized belief to have endured so long. Yet in itself, this need be no great cause for rejoicing. A single century is not much in the history of mankind, and the most monstrous errors have sometimes dominated human activity many times a hundred years. Nor is it so great a thing that we may reckon the number of our followers by thousands and by tens of thousands. Truth is not always found in the midst of the multitude. These things, while we may not despise them to be sure, can hardly be those for which our celebrations are due.

*

Yet it will not be difficult, we think, to find in the history of Homœopathy during these ten decades, some really adequate motives for our festivities. We must ask ourselves, for if we do not, those who do not believe with us will ask for us, what has Homœopathy done to be proud of? Are we still standing at the starting post, while fleeter runners have already breasted the tape? Or are we ourselves flying down the course and in the lead? There are some writers in our school who seem to think that Homœopathy sprang from the brain of Hahnemann full statured and perfect, and that nothing remains to be done but to become his humble followers and disciples: That the gospel has been already uttered and we need but to piously expound it. We may let these gentlemen tell their beads and mumble their Aves, if they will. We believe that Homœopathy is vital and is instinct with the elements of growth. Its swaddling clothes have been outgrown. We must fashion new garments if they are to fit.

*

It is not intended to review our history and to chronicle our victories here. If our achievements are worthy, we must note them modestly. If we have halted or have gone back, we need not fear to admit it. It is much to have done some good things. It is more to have done many. Yet what we have done, is only a sign of what we may do. The spirit of progress was never more alive within us than it is now. When we celebrate the centennial of Homœopathy, we shall celebrate the immortal genius of its discoverer and the glories of its first century, but perhaps most of all, we shall rejoice in the potency and promise which it holds forth for the centuries yet to come.

H. W.

Encouragement is what warms the cockles of our heart. The genial and accomplished editor of the Medical Century says in a private letter.

"I am delighted to know that the profession of your state are to have a journal to work for their interests. *The Century* has done about all it could do had it been printed, or edited, rather, (for it is printed in Michigan,) from your state. Success to your venture. The profession should sustain you warmly."

Digitized by Google

Book Reviews.

Goodell's Pocket Anatomy. By Frank Wise Goodell, M. D., Effingham Ill., Press of Effingham Printing Co. 1895.

The author tells us that he wrote this little book in 1880 and that he has carried it in his pocket ever since. Any book that can make itself a constant necessity to a man for fifteen years must certainly have some essential merit, and we are glad that Dr. Goodell has seen fit to have this one put in type so that others may have a chance to get so good a thing for themselves. The only criticisms we have to make upon the work relate to its typography. There is a slight sprinkling of italics through the first 30 or 40 pages, but beyond this point the reader will get no help from the type in a hasty search for some particular item of anatomical knowledge. More careful proof reading would have served to remove several unfortunate typographical errors. Most of us have so many other things to carry in our pockets nowdays, that we venture to suggest for the second edition of this work, the use of a thinner paper and covers so as to reduce its weight an ounce or two.

Antisepsis and Antiseptics. By Chas. Milton Buchanan, M. D., Professor of Chemistry, Toxicology and Metallurgy, National University, Washington D. C. with an introduction by Prof. Augustus Bernays, St. Louis Mo., 366 pp, Illustrated. Terhune Co. Newark N. J. 1895.

This admirable little book will fill a long felt want in the practice of medicine and surgery, as it contains in a very few pages the more important and practical results of the scientific investigation of 500 of the world's most prominent surgeons and bacteriologists. It is a digest of the growth of our knowledge of antisepsis and antiseptics from their earliest history to the present time. The chapter on "The Products of Cellular and Bacterial Activity" briefly describes the valuable knowledge gained from the work of Panum, Koch, Hankin, Klebs, Vaughan and others, on bacterial products, their chemical and toxic nature and their attempted and possible therapeutic application: The chapter on "Infection, Susceptibility and Immunity" is especially interesting and discusses the very latest opinions concerning tbe part played by the blood and blood-organs in the preservation of health and the destruction of disease by their inherent antiseptic properties. Under the head of "Antiseptics and their Real Value" the physician may readily refer to any antiseptic and learn its composition and use in surgery so far as known. The latter chapters are devoted to the technique and application of antiseptic methods in surgery and obstetrics, quoting the views of many of our most widely known surgeons and obstetricians. We heartily recommend the book to the busy practitioner as one worthy a place in his library, and one that will well repay careful reading. R. H. S.

Editor's Table.

Yes! my dear doctor, this is another new medical journal. We have an old name but our spirit is brand new. You offered no apology at your first appearance on earth; neither do we. We thought we were needed, and here we are. We believe that the blood in our veins is lusty and that we are good enough to grow better. There are plenty of new things to be said about Medicine, and particularly about Homœopathy, and we propose to have a share in saying them, and to give you a chance to say some of them yourself. If you want to listen we'll talk, and if you want to talk we'll listen. Can you propose a better bargain? We have faith to believe also, that we have been born at just the right time and that the seeds of a journalistic old age are in our bosom. We need your help to nourish them. The golden opportunity is now and for both of us.

We are very modest and our wants are few, to wit:

1, We want 10,000 subscribers at two dollars each.

Digitized by Google

2, We want to exchange ideas with each one of these 10,000 subscribers.

3, We want you to be one of the 10,000.

4, We want your subscription *now.*

This is all that we want at present. If we need anything more we will let you know.

The homœopathic women physicians of Brooklyn have recently moved into their new hospital building the Memorial Hospital for Women and Children. The new hospital is to be managed solely by women who also compose the entire staff.

Dr. M. C. Sinclair, of Grand Rapids made the COUNSELOR a visit a short time since.

The American Materia Medica Association has issued a series of twenty-six questions bearing upon the general topic of "What shall be Excluded from Homœopathic Materia Medica?" answers to which are desired from every homœopathic physician interested in the improvement of our Materia Medica. Copies of the circular may be had from the secretary, Eldridge C. Price, M. D. of Baltimore. The association will hold its next meeting in Detroit at about the time of the meeting of the American Institute. The work outlined by these questions together with that of the *Materia Medica Conference Committee of the American Institute* will be of the most vital interest to our school.

THE COUNSELOR presents a first-class opportunity for every doctor to do something.

What we desire is to do something by the help of our friends toward placing Michigan in the front rank of our profession.

Dr. Emma Geisse, Chicago, died November 26th after a severe illness from cholelithiasis and enteric calculus, for which she underwent a cœliotomy performed by Dr. Byron Robinson on November 24th. Dr. Geisse was a practitioner for a number of years in Detroit.

The Hahnemann Monument Committee, has issued an announcement of the subscriptions to date and a call for the second installment of $11,500 with which to pay the sculptor for his work and the builders for theirs. They have also issued a handsomely illustrated circular with the designs represented thereon, and a brief resume of the work that has been done to date. It is presumed this illustrated document will be sent to the members of the homœopathic profession throughout the United States, and it surely should have the effect of arousing a degree of interest in this project even greater than has yet been stirred. The homœopathic profession cannot afford to allow this matter to drag out indefinitely, but it should promptly contribute all funds that are necessary to the erection of this imposing statue. Let each do his part.—*Med. Century.*

Observe our system of advance subscriptions. By taking advantage of it you can help us and make a good bargain for yourselves.

Quackery in Connecticut.—The New Haven County Medical Association has passed a set of resolutions declaring that other States are rejecting by their examining boards incompetents who are admitted to practice in Connecticut without examination; that, in consequence, the State is becoming a dumping-ground for undesirable practitioners. The Association suggests that the State Committee on Legislation be instructed to advocate an amendment of the law, so that all candidates for registration as doctors under the medical practice act be required to pass an examination, as is now the case in most of the States in the Union.—*Med. Record.*

The State of Connecticut is no worse off than Michigan. In Michigan let a man show a diploma no matter how worthless or how fraudulent, provided the diploma has been issued by a "*legally chartered institution* anywhere, everywhere, — China, Fiji Islands, the planet Mars—it matters not, he is at once admitted to practice, yea *must* be, even though the county officials know of the worthlessness of his credentials. There is no internal presure from the domestic manufacture, there is no protective tariff on the foreign product.

Digitized by Google

Dr. Isaac Bently for some years a member of the homœopathic profession of Detroit died at his home 1133Russell Street, Tuesday Dec. 24. Dr. Bentley had long suffered from heart disease and it was an aggravation of this trouble that caused his death Though 53 years of age Dr. Bently had not practiced many years having studied medicine late in life. He graduated from Pulte in 1887. His remains were taken to his former home Dorchester Ont.

Alcohol as a Remedy for Shock.—There is probably no remedy which is more frequently used for shock than is alcohol. No matter whether the patient is in a state of collapse from loss of blood, from a nervous shock, as the crushing of limbs in a railroad accident, or a prolonged anæsthesia, the remedy is always the same,—alcohol by stomach, by rectum, by hypodermic injection —any way to get it into the system. Sometimes all three of these methods are employed simultaneously. To any one at all familiar with the physical properties of alcohol, no procedure could seem more senseless than this. Alcohol has for a quarter of a century at least, been recognized by the best scientific authorities as a narcotic. Under the influence of alcohol a man's nervous system is more or less benumbed, whether he takes it in large or small doses. The sympathetic and vaso-motor centers seem to be affected, the vaso-constricting centers being put to sleep, the blood vessels dilate, producing a relaxation of the superficial vessels, and causing a sensation of warmth by contact of an increased quantity of blood with the cutaneous nerves. Thus a man whose temperature is a little below normal, and who may be in danger of freezing, is made to feel warmer by this means. The exposure of an increased quantity of blood at the surface of the body is the most certain means of increasing the danger to which he is exposed, and hastening the reduction of temperature; the larger the dose of alcohol, the greater is the narcotic effect.—In shock there is always diminished sensibility; and what is needed is, not a narcotic which will still further benumb the nerves and nerve centers, but an agent which will increase nervous irritability, and rouse the flagging vital powers.

The absurdity of introducing alcohol hypodermically or otherwise, in case of shock or collapse from prolonged anæsthesia, is one of the most graphic examples of blind empiricism with which we are acquainted. No doubt the prick of the needle, and especially the smarting of such strong alcoholic solutions as whisky and brandy in contact with the subcutaneous tissues is, to some slight degree, stimulating, but the effect is only momentary. The real effect of the drug, that which is manifest when it comes in contact with the nerve centers, is invariably that of a narcotic, no matter what the dose may be, the effect only differing in degree according to the size of the dose. We are glad to be able to quote from so reliable an authority as Dr. Wood, the following statement in reference to the use of alcohol in shock:—

"Alcohol is probably of no value whatever in shock; indeed, I am perfectly sure that a large dose of alcohol in shock puts one nail in the coffin of the patient, and if you want your patients to come out of shock, you will be very careful in giving them alcohol. Alcohol stimulates the heart, but it paralyzes rather than stimulates the blood vessels. By its action on the blood cells it checks oxidization, and limits the power of absorbing oxygen and eliminating CO_2."—*Am. Med. Temp. Quarterly.*

Lesions of Fatal Electrical Currents.—An article in the *Lancet* for August 31 gives an abstract of a recent paper by Dr. Kratter on this subject. His report was made to the Styrian Medical Society. The case examined by him was that of a workman who was killed by a shock received while he was occupied in stringing telegraph wires. Post-mortem examination, performed twenty-one hours after death, showed a ruptured blister on the left forefinger, marked rigidity and intense ecchymosis on the dependent parts of the body.

Digitized by Google

There was also hypervenosity of the blood, venous engorgement of the lungs, extravasation of the blood into the common sheath of both the carotid arteries and the vagus nerve, and symmetrical hæmorrhage along the spinal cord. If an electric current of 1,500 volts acts upon rabbits, some of the animals live and others show typical symptoms such as instantaneous stoppage of respiration, the heart, nevertheless, continuing to act. There may also sometimes be found disorganization of the brain, with destruction of the peripheral parts of the cortex and intracranial effusion of blood. The stoppage of the respiration lasts half a minute. From these experiments it results that the first effects consists in permanent or temporary arrest of respiration. Death from electric shock is. therefore, a form of suffocation, and persons who meet with such an accident are to be treated by artificial respiration, as in ordinary cases of suffocation.

A New and Powerful Styptic.—Dr. Roswell Park has for a long time used as a styptic a 5 % solution of Antipyrin in sterilized water in the form of a spray, this he sprays into the meninges of the brain, peritoneal cavity or anywhere that oozing takes place. He relates in the *Medical News* his discovery of a new styptic and tells its use as follows.

"My present object is to call attention to the *combination of Antipyrin and tannic acid*, in solution, by which there is precipitated an intensely agglutinative and cohesive substance, of to me unknown chemical composition, which offers the most ideal styptic for certain purposes that I have ever dreamed of. This combination is an alcoholic solution of tannin, with antipyrin in powder. There is formed at once a gummy mass, at first flocculent, which quickly coheres, the result being a combination, the stickiness and adhesiveness of which quite astonished me.

"I have since experimented with these materials, and have found that they may be united in almost any proportion with the formation of the gummy mass, and would suggest that the substances be mixed in proportion to the emergency of the case, and to the desire for little or much of the resulting compound. It is possible by adding strong solutions, or of pouring the powder of one into the solution of the other, to precipitate so much of the agglutinative composition as to make a gum that may be placed about the margin of the bleeding bone—for instances in operations upon the cranium. Or a small piece of sponge or cotton sopped in this material may be forced into a tooth-socket, or in various other ways its use may be made to result in benefit and satisfaction. There is but one attendant difficulty: that it is so remarkably cohesive that when the time comes for detachment or separation of the tampon it is difficult to remove it. It may be even necessary to wait for sufficient time for the formation of granulations and separation by natural processes."

Mercury in Syphilis is peculiar in its action as it arrests the development of the disease, but will rarely, if ever, cure it. The symptoms of syphilis seldom, if ever, correspond to those produced by *mercury*; thus syphilis almost invariably produces disease of the iris, and it acts especially on the flat bones of the body, while *mercurius* does not affect the iris of a healthy individual, and it produces lesions in the long bones only. *Quinia* in malaria, and *salicylic acid* in rheumatism, act in the same curious manner.—*N. A. Jour. Hom.*

If you cannot write a thesis
For our Journal's pages
That shall make your name immortal
Through the coming ages,
You can send the needed money
Which will help us right along
And your deed may be recorded
In history or song.

A Case of Spina Bifida Cured by Excision.—BALDWIN reports a successful case of excision of a spina bifida, in the *British Medical Journal*, No. 1804, 1895. The child was two months of age and the tumor nearly as

Digitized by Google

large as a cocoanut. As tapping had failed to relieve the condition, the operation was undertaken. Both the sac-wall and the skin were tied with silk-worm gut sutures. Excepting some fever on the second day and paralysis of the bladder extending over three days, the child made an excellent recovery.

Ice applied to external genitals—the scrotum in men, the labia in woman—is said to be the best and simplest method for controlling blood-spitting and nose-bleeding.—*N. A. Jour. Hom.*

THE GRACE HOSPITAL REPORT.

FOR OCTOBER AND NOVEMBER 1895.

During the month there were treated in the Hospital: 75 Medical, 108 Surgical, 19 Gynæcological, 8 Obstetric, 6 Ophthalmic, making a total of 216 cases.

In the Dispensary there were treated: 40 Diseases of Children, 90 Medical, 67 Surgical, 18 Gynæcological, 33 Ophthalmic, 9 Dermatological, 21 Laryngological, making a total of 278, free, new cases.

There were 778 prescriptions. The ambulance made 106 calls. Emergency cases 18. Sick cases 85.

Sixty-five operations were performed. Among the most interesting were the following: *Amputation*, breast, cervix, little finger; *Abscess*, abdominal, perineal, ischio-rectal 2; *Cataract*; *Excision of Glands* 3; *Movable Kidney; Iridectomy; Perinœorrhaphy* 5; *Caries* 2; *Appendicitis* 2; *Circumcision* 2; *Perineal Lithotomy*; *Hysterectomy*, vaginal and abdominal; *Oophorectomy and Ovariotomy* 7; *Fistula* 2; *Suturing Tendons* 2; *Hœmorrhoids* 5; *Excision Lipomata*; *Curetting Uterus* 10: *Trachelorrhaphy* 10.

Another "Safe Antiseptic" Gone Wrong.—An exchange says: "The *Materia Medica* gives at least one safe intestinal antiseptic. It is Salol."

This is certainly an unguarded utterance, to which attention should be called Salol is a synthesis of salicylic acid and phenol, and in an alkaline medium, such as found in the intestinal canal, is decomposed into salicylic and carbolic acid, the amount of the latter being 40 per cent. of the total quantity of salol administered. If 50 gr. are given in twenty-four hours, the patient gets 20 gr. of carbolic acid, which is liberated in the intestinal canal in a nascent, and therefore, in accordance with the generally accepted theory, in a more than ordinarily active state. It requires but little knowledge of toxicology to recognize the fact that such an agent is not entirely safe.

The fact is, and it is fully recognized in the recent text books upon therapeutics, that the physician must always be on his guard against carbolic acid poisoning.—*Ft. Wayne Medical Magazine.*

STEARNS' Wine of Cod Liver Oil with Peptonate of Iron is a combination of the active principles and alkaloids derived from Cod Liver Oil, with a delicious wine, and an organic preparation of Iron—the latter being free from the objections attending the administration of inorganic Iron preparations, and readily assimilated by the system. The wine improves the appetite and digestion, while the alkaloids stimulate the nervous system, augment the appetite, accelerate the organic oxidation and increase the secretions of urine and sweat. The peptonate of iron increases the hæmoglobin and nourishes the red corpuscles. The combination, therefore, acts as a powerful tonic and reconstructive, and is of special value in all debilitated states of the system occurring in phthisis, chlorosis, anæmia, nervous diseases, and certain diseases of the skin, such as eczema, etc.

As a pharmaceutical preparation its color is prepossessing, its character sparkling, and its palatability unexcelled. The nauseous, repugnant, fishy taste of cod liver oil is entirely absent. It is, therefore, easily retained by the most delicate and fastidious stomach, will not cause eructations, is easily digested and readily assimilated.

Digitized by Google

THE MEDICAL COUNSELOR.

A MONTHLY JOURNAL OF HOMŒOPATHY AND COLLATERAL SCIENCES.

OLD SERIES, VOL. XV.
NEW SERIES, VOL. I.

DETROIT, FEBRUARY, 1896.

No. 11.

CEREBRAL TYPHOID.

BY H. M. WARREN, M. D.,

JONESVILLE, MICH.

One evening in the middle of the past winter, a young woman, the wife of a farmer, had a severe chill which proved to be the forerunner of a disease that made serious business for all concerned and from the effects of which she is still suffering. A general malaise preceeded it three or more weeks. Although the husband was openly charged by the neighbors with cruelty and neglect I believe his treatment of her was due rather to dulness and indifference than intentional wrong. It had its effect, however, and the life of the poor woman was not an easy one. Between the regular work performed in a log house, which owing to the natural action of time and weather had settled unevenly yet closely to the ground, and chasing the stock from poorly fenced fields, her time was well filled in, strength exhausted and spirits subdued. Surrounded by these unfavorable conditions and influences she fell an easy victim to the disease.

A nervous excitement bordering on the hysterical, the exhalations and all the discharges of the most offensive character, inefficient care and help, were the conditions under which I commenced the treatment of a case that for forty days ran riot with all ordinary methods and expectations.

The intense and persistent fever; incessant ravings, which for several continuous days and nights partook of the vilest and most indecent character, only to give place to constant mutterings or senseless repetitions of single words, and these in turn to the wildest cries, shrieks and tossing all over the bed with incessant motion of the extremities, made it the undesirable yet interesting case that it was.

She lived on an unfrequented road six miles from town. Heavy drifts of snow filled it in places for many rods from fence to fence, alternating with wind swept stretches of bare ground, all of "which were impassable, not even "jack-ass-able," yet adding to the general discomfort and assisting me in readily recalling a case that may prove interesting to my brother doctors.

If anything were needed, this case confirmed to my mind the all sufficiency of homœopathically applied remedies and as well as the uselessness of resorting to the *bromidias, svapnias, anti-kamnias etc.*, to quiet even the most distressing symptoms.

Bryonia, belladonna, hyoscyamus, stramonium and sulphur were the remedies indicated and used. So formidable a disease did this prove to be, so very discouraging were the accompaniments, I doubt if any other system of medicine could have afforded so effective a treatment as ours.

Day after day would I appear upon this stormy scene the only person entertaining any hopes of a favorable termination. And the fact that she did survive, was a source of great astonishment to the natives, because the remedies did not, as one person remarked, "even color the water."

She came from a family whose history was bad; the mother having been decidedly weak minded, and a seventeen year old brother had been an imbecile for ten years. It is not surprising then that I anticipated a psychosis as a sequel to the disease. As the acute symptoms began to subside she dropped into a state of mental stupor from which she did

Digitized by Google

not awaken for three months. Hearing and understanding conversation, she remained dumb as a statue to all efforts to induce her to talk. At the end of the above period the cloud lifted from her mind and she emerged from the sphynx-like condition in a day. She then corroborated my opinion of her ability to hear, and her utter indifference to talking.

LARYNGEAL TUBERCULOSIS

BY D. M. NOTTINGHAM, M. D.,
SAGINAW, MICH.

Until very recent investigations "laryngeal tuberculosis" has been considered as a secondary complication to pulmonary tuberculosis and the result of poisoning of the larynx by more or less constant passage over its surface of the tubercle bacilli. But today our best and most progressive laryngologists concede it to be often primary in origin the tubercle bacilli first appearing upon the larynx and afterwards extending to the lungs. The term is applicable whether the laryngeal lesion is primary or secondary although strictly speaking should only be applied in the former, and yet often is it the case that the extension from the larynx to the lungs is so rapid that it is difficult or impossible to make the distinction. It is now possible however, under our better and more perfected mode of examination,for a diagnosis to be made before the lungs are involved and the disease arrested sufficiently early to prevent complications of the lungs. While these possibilities exist it is equally true that a large per cent of the cases are not seen by the physician until after the possibility of producing these happy results are past and the disease has passed into a more complicated stage.

Phthisis manifests itself in the larynx as a tubercular infiltration, followed by ulcerative changes, which, while not due to local tuberculosis can commonly be associated with the presence of pulmonary phthisis. The most common of these changes is anæmia and when we observe marked local anæmia especially if associated with fugitive blushing of commonly bloodless parts it should lead us to a careful examination of the lungs. Obstinate and chronic conditions of catarrh which have resisted careful treatment may be and often are the first manifestation of laryngeal phthisis and according to Schotter laryngeal catarrh confined to one side of the larynx is particularly suspicious.

Laryngeal ulceration commonly arises as a complication in advanced pulmonary lesions and the pulmonary symptoms may be forgotten from the fact of the great severity of the throat symptoms.

Laryngeal phthisis appears primarily in persons who are of a highly tubercular predisposition and yet we find children almost exempt from it and that it is quite rare for laryngeal symptoms to appear in the course of the disease with them. Males seem more disposed to it than females probably from greater exposure and the ages from 20 to 35 time of life when most cases occur.

The pathology of the disease consists of a primary tuberculosis forming points of tubercle in the submucosa which rapidly becomes caseous and softened producing minute ulcers which coalesce forming larger ones, the walls and floors of which form deposits of fresh tubercular matter.

One of the most common laryngoscopic appearances is infiltration of the ary-epiglottic folds. The arytenoids and adjacent parts become "pear-shaped" the narrow extremity pointing downwards and appear as pale greyish pink swellings. The patient usually complains of huskiness and pain on deglution shooting up to the ear and on the muscosa are often to be seen small cheesy looking patches. The interarytenoid folds commonly become infiltrated and may form indistinct tumors so situated as to prevent the proper approximation of the vocal cords.

Ulcers may appear upon the margins or anterior surface of the vocal cords filled with deep granular substance. Ulcers in this situation may also be due to syphilis but in

Digitized by Google

patients in whom neither discoverable signs nor symptons of syphilis exist at the time of examination the presence of a distinct neoplasm in the interarytenoid commissure is strong presumptive evidence of tuberculosis. This is the view held by Stœrk, McBride and other laryngologists while others depend wholly upon the presence or absence of tubercle bacilli demonstrated by thorough microscopic examinations to form their decisions.

In the very early stage the membranes of the larynx appear pale, a yellow tint prevading what pink may have remained. Swelling of the arytenoid prominences one or both is a characteristic symptom occuring in the majority of cases. They look like round cushions and enlarge at the expense of the laryngeal aperture. The vocal cords may show but little or no evidence of the disease in the early stage but become involved as the disease progresses. The voice may become impaired however, at the outbreak, active inflamation involving the entire larynx generally being present. The upper boundary of the larynx is usually thickened and its aperture is narrowed. The first symptoms come on so insidiously as to be hardly perceived. Hoarseness, a feeling of heat and dryness in the throat, lancinating and shooting pains into the ears and a greater or less degree of pain on deglutition is experienced.

The pain on deglutition is only present when an ulcer involving the aryepiglottic fold is present.

Aphonia complete or partial follows. The pulse, temperature and other symptoms like those of pulmonary tuberculosis follow in rapid succession and the patient soon finds himself exhausting very rapidily. The difficulty in deglutition makes the patient avoid taking nourishment as far as possible and the swelling and consequent obstruction of the larynx may result in partial or complete stenosis oftentimes requiring tracheotomy.

The prognosis of laryngeal phthisis is always grave and yet it is now well known that the tubercular ulcer may heal and there are many authentic cases that have yielded to proper treatment. On the other hand, when extensive ulceration has taken place and the secretions are profuse an early fatal result may be expected and in cases where relief has been obtained a rapid relapse may occur producing marked debility and a most unfavorable prognosis.

Other things being equal the earlier the case is seen and active work begun, the better the chances for recovery. The interference with deglutition consequent upon ulceration of the epiglottis, arytenoid cartilages, and interarytenoid space all increase the liability to fatal results.

All these may combine to produce complete stenosis and end life very rapidly. We can already infer that treatment in these cases is not the most promising and yet many cases of recovery are recorded. In most cases the dietetic treatment sooner or later becomes a most important factor.

As stated before, the inflamed and irritated condition of the tissues causes great pain in deglutition and consequently the patient avoids taking sufficient nourishment properly to sustain life. The swelling of the parts may be such as to produce partial or complete stenosis and thus the act of deglutition becomes impossible. In all such cases I prefer to refer you to such works or dietetics as may give you the best and most reliable information on the proper nourishment of such cases.

Internal remedies are of great importance and when we give these in connection with proper and judicious adjuvants and surgical treatment we may hope for a fair degree of success in the treatment.

Many laryngologists now recommend the curette or spoon followed by the use of *lactic acid* and some have practiced actual excision of the œdematous tissue and yet the success of many of the operations has been anything but encouraging. Krause removes all œdematous and ulcerative tissue with the curette forceps and then applies *lactic acid*

Digitized by Google

thoroughly in strength of from 20 to 30 per cent.

Herring has extolled the use of the galvano-cautery and some very gratifying results have been obtained by its use. The patient should be properly prepared by applications of *cocaine* either in spray or brush.

The cautery is then applied thoroughly and this is followed by the *lactic acid* application.

There seems to be but little doubt as to the beneficial result of this form of local treatment in most cases and when we know the pain can be obviated by the local use of the *cocaine* it can be applied without hesitation.

Rosenburg recommends an injection into the larynx of a solution of *menthol* in olive oil (20 per cent.) using a small syringe for that purpose. Only from ten to fifteen drops should be used at a sitting and from this the patient experiences certain relief for the *menthol* acts as an anæsthetic and antiseptic and at the same time a stimulant, relieving cough and diminishing expectoration in most cases. *Menthol* has been extolled very highly in all these cases and has in my opinion been very much over-estimated, but there can be no doubt but that it has a soothing and in many cases a beneficial effect upon these very distressing troubles.

Insufflation of powdered *boracid acid*, with *iodoform* has been recommended but as the *iodoform* is very disagreeable *iodol* should be substituted.

Steam inhalations with *carbolic acid*, *creasote* or *balsam of peru* added to the water have been found palliative. In cases of stenosis laryngeal disease with pulmonary affections, and in cases where the lungs are comparatively healthy and the laryngeal disease progressing rapidly, Schmidt advises tracheotomy. Ivins recommends an application of *calendula off.* 1 to 20 in water and the addition of two or three drops of *carbolic acid* to the ounce to relieve the pain. It seems to quiet the inflamation of the parts and acts nicely upon the ulcerative process.

Internally much value should be laid upon the action of the combined *iodides.*

Iodide of arsenic has been a most valuable remedy in many cases, and unless strong indications point otherwise should be used. In this remedy we find the best picture of the symptoms usually presented in the disease. The mouth becomes dry, tongue red, dry cough with scanty and often bloody sputa. Œdematous condition of larynx and surrounding tissue with burning pain. Flat bluish or red ulcers, emaciation and marked weakness. Swelling and elgonation of the uvula with inflammation and burning of throat.

Ulcers in throat with swelling of the glands of the neck. Persistently irritating and corrosive character of all discharges from the throat.

Iodide of Mercury has dark red inflammation and swelling of the tissues about the throat with much hawking, coughing and purulent expectoration. It controls the ulceration with abundant secretion better than any other remedy unless it be *silica.*

Kali iodatum cum merc. iod. has no extensive provings but is indicated when there is a profuse, watery mucous discharge from the throat, nose and deeper air passages and also when the discharges are very irritating. It has a profound action on all the glands of the throat and neck and as it is freely soluble in water it is readily removable from the system by the natural secretions. Its action upon the mucous membrane of the air passages is more marked than any of the other mercurial preparations.

Iodium in scrofulous subjects with follicular swelling about the throat.

Silica. Profuse fœtid discharge with nightly paroxysms of cough and profuse night sweats. Great constipation the rectum lacking the power to expel the stool which often recedes after partial evacuation. Patient is always cold and especially the feet. The prostration is very great and there is loose rattling cough with a thick yellowish green expectoration.

Digitized by Google

Other remedies might be mentioned as *apis, ars. alb., phosphorus, china,* which from their separate indications may prove very useful in both relieving pain and giving more or less permanent benefit.

On the whole the treatment must be aggressive and as soon as a diagnosis is made of a primary laryngeal tuberculosis no time should be lost in applying the best selected remedies possible.

THE CARE OF THE PRIMIPARA.

BY E. LOUISE ORLEMAN, M. D.,
DETROIT.

The care of the young and expectant mother should not begin with labor but with the begining of gestation. To do this, three things should be taken into consideration.

1. The general health.
2. The generative tract.
3. The mammæ.

To promote the general health the patient should have cheerful surroundings, out-door exercise especially walking, and complete rest for an hour during the day.

I advocate a liberal mixed diet; fruit *ad libitum* unless there should be some abnormal condition present that would call for a special diet. In the evening, a drink of hot milk or malted milk will promote sleep and in some cases prevent morning nausea. The carbonated waters are beneficial, acting on the kidneys and liver, and are well born on a disturbed stomach.

The generative organs need special attention, generally there is a non-developed cervix; in fact, the whole generative tract may be small and contracted, the vaginal fibers tense from impaired nutrition in consequence of leucorrhœa or vaginitis that we find in so many young women.

In those cases accompanied with hypersenlitiveness due to the physiological congestion becoming pathological, where nature intends to repair the defects, nausea and vomiting are caused to an alarming extent, and at time of labor we have the small anatomical cervix to contend with, causing a tedious labor resulting in laceration, hypertrophy and erosion, followed by the usual train of nervous symptoms, and instead of a happy young mother she is depressed and irritable leaving a shadow on all with whom she comes in contact, until the trouble is overcome by surgical means.

But in these cases an ounce of prevention is better than a pound of cure. In such cases, I make local applications of *belladonna* to allay the hypersensitiveness and inflammation following it with a hot water douche about 100° F.

To assist nature in doing her work stimulating the glands and making the vaginal fibers pliable and elastic, I saturate a tampon with *quinine* gr xx to oz. of *sweet almond oil* using a drachm on the tampon leaving this in place for twenty-four hours twice a week using a warm water douche after removing the tampon. With the indicated remedy it assists in allaying nausea and vomiting and does its work beautifully resulting in rich glands and elastic fibers. I have tried this for two years with all my primiparæ and not one has sustained a cervical laceration.

At present I am looking forward to a case with a great deal of interest on account of her age which I think is 38. At the beginning of her pregnancy the cervix was small and contracted; uterus immature in size, and there was a hypresensitiveness through the whole generative tract. At the last examination I found the cervix well developed and the fibers of cervix and the vagina soft and elastic and free from all sensitiveness.

The mammary glands are next to be considered. At the fifth month I order the nipple washed daily with cold water followed by thorough rubbing and an application of *boroglyceride.* If the nipple is not properly developed I order daily manipulation or the use of a nipple shield with a tube attached, so that the patient can use it herself, once or twice a day. Its proper use may save the mother untold suffering.

Digitized by Google

Coming to labor I proceed as in all cases, leaving orders to have the hair clipped from the labia; an enema, and after the evacuation, a vaginal douche. I leave remedies according to the indications present.

In all cases I allow my patient perfect freedom of action until the first stage is well advanced then I have her get ready for bed. If the membranes rupture before dilatation is complete, I put ¼gr of *cocaine* to 2 dr. of lard, and apply this gradually to the cervix. This softens and relaxes and it also allays the severe pain as the head emerges, but at this point I always use *chloroform* and continue it until labor is complete.

Like Dr. Winterburn I prefer lard to oil, and use it freely. At intervals I have the nurse apply hot water (that is, towels wrung out of hot water) to the perinæum and when it is well relaxed and the head pretty well down I assist nature with the small forceps.

I find an advantage in this for several reasons.

1. It relieves suffering.

2. There is less danger of a laceration, the pressure being taken away from the perinæum and we are better able to control the head and partially to mould it according to the outlet.

3. It leaves the urethra in a better condition by shortening the period of pressure against it.

4. It protects the sphincter ani from the prolonged pressure and severe dilatation, in this way preventing hæmorrhoids and not having the circular fibers destroyed as a sequel to prolonged labor.

After the third stage is completed I have all soiled clothing removed and give an antiseptic douche about 110° F. after which I make a thorough examination and if any laceration exists, *I repair at once.*

I am in receipt of the January number MEDICAL COUNSELOR and am pleased with it, typhographically as well as otherwise. success to the new "candidate for public favor,"

Very respectfully yours,
H. A. MUMAW.

ACUTE CATARRHAL RHINITIS.*

BY GEORGE H. QUAY, M. D.,
LECTURER ON RHINOLOGY AND LARYNGOLOGY, CLEVELAND MEDICAL COLLEGE, CLEVELAND. OHIO.

Synonyms. Acute Nasal Catarrh. Coryza. Cold in the head. Snuffles.

Definition. By acute catarrhal rhinitis is meant an acute inflamation of the mucous membrane lining the nasal cavities of a catarrhal character, which sometimes implicates the adjacent sinues and which frequently extends to the larnyx.

Etiology. Sudden changes in the temperature, especially to cold accompanied by high winds; cold damp weather, such as we are accustomed to have during the spring and late fall months; cold wet feet; sitting in a draught when over-heated; or, sudden chilling of the body. In summer the disease is frequently caused by dust. Sitting or working in hot, close and ill-ventilated rooms, especially when heated by a hard-coal baseburner is also a frequent causative factor. So, too, is indigestion, especially if accompanied by constipation and an over-loaded bowel. The latter especially in children, I believe to be a frequent cause aggravating or prolonging catarrhal troubles. The daily wetting the hair tends to catarrhal disease. Measles, small-pox and secondary stage of syphilis are usually ushered in by acute catarrhal symptoms.

Infants and children rarely have their legs and feet properly protected in cold weather; when permitted to play or crawl on the floor it must not be forgotten that the temperature of the floor is from two to four degrees lower than other parts of the room. On account of its delicate organism the child is more susceptible than the adult to atmospheric changes.

There is also strong evidence tending to prove the infectious character of the acute catarrhs.

Symptoms. After the age of childhood, one is usually conscious of catching cold

*Being Chapter VI. of a forth-coming work on *Diseases of the Nose and Throat.*

Digitized by Google

Generally there is some chilliness, depression, difficulty in getting warm, itching in the nose, sneezing, soon followed by stuffiness in nostrils, with watery discharge, chills running up and down the back, aching, etc. This stage is quickly followed by fever, during which the mouth and throat are apt to be dry; headache, and if the frontal sinuses are implicated the pain is worse over the brows. In the course of from twenty-four to forty eight hours the nostrils may become totally occluded; this causes the voice to have a peculiar dead sound, the so-called "nasal twang."

Frequently the eustachian tubes become implicated, which causes some degree of deafness and pain. In many cases, especially in children, acute otitis is followed by perforation of the drum head, otorrhœa and resulting impairment of hearing is a sequel. In the majority of cases the conjunctivæ are implicated.

During the first stage the nasal secretion is thin and watery; it may be either bland or excoriating; after three or four days the secretion becomes thicker and assumes a yellowish color, and occasionally is slightly blood streaked. During this period the brow pain is intensified and there is a sense of fullness or pressure over the bridge of the nose. In nearly all instances the sense of smell is partially or wholly blunted, but returns on the subsidence of the nasal swelling. In the case of women the attack may be aggravated by spurting or dribbling of urine when coughing or sneezing; when this condition exists I advise the use of a napkin so as to prevent the urine from coming in contact with the thighs.

Prognosis. An acute attack can usually be relieved in three to five days, providing the patient has not chronic or hypertrophic rhinitis; if such is the case the attack is usually prolonged, the time depending on the degree of the chronic trouble.

In the case of nursing infants, and old people, it is necessary to guard the prognosis. In infants the nostrils are blocked so that they cannot nurse and breathe at the same time. As a result they soon become debilitated and almost before we are aware of it, catarrhal pneumonia has developed. Old people have not the vitality to withstand a severe cold, and with them as with children, the tendency is towards lung implication.

Treatment, Preventive. In those susceptible to colds, much can be done to prevent their occurrence. A cold sponge bath for the chest and neck before dressing in the morning are excellent, when counter-indications do not exist. In the debilitated, however, or if the bath is followed by chilliness and a feeling of langor, it must be used with great circumspection, if at all.

The feet should be kept warm and dry; to accomplish this, cork soles are invaluable. Daily changing of the hose and shoes also assists in keeping the feet warm. The practice of over-bundling the neck is pernicious, as is also the wearing of overcoats or heavy jackets in-doors. Sleeping rooms should be thoroughly ventilated night and day. It is well to remember that old and feeble people demand warmer clothing than the robust; but it is better to have it light in weight. The sooner a case is seen after its onset, with proper treatment, the shorter will be its course.

The laity usually consider a cold in the head of slight importance, and endeavor to break it up by means of a hot mustard foot-bath, hot lemonades, and a sweat. In some cases this will relieve the symptoms, but too often the attack lays the foundation, or is the beginning of, more serious trouble. This is especially so if there is a predisposition to disease of the respiratory tract.

When possible keep the patient in his room or house, where the temperature is uniform and the air not too dry; let the diet be light. If constipation, is present a thorough hot water rectal injection is advisable; even though the bowels may be regular it is a good plan to flush the rectum. It is often surprising what hard masses of fæcal matter will

Digitized by Google

be brought away by a rectal flush, with consequent relief of the catarrhal condition.

Inhaling *alcohol*, *ammonia* or *menthol crystals* will frequently aid in reducing the nasal swelling. A spray composed of *menthol* and *cocaine* 10 grs. each, to *albolene* 1 oz. applied to the nasal cavities three or four times at intervals of one or two hours will usually cut short, or materially modify the attack if used during the period of watery discharge. On the other hand, if used when the discharge is thick, I believe it serves to prolong the attack. When the *cocaine* is used it is unwise to inform the patient of the fact.

When frontal pain is severe, due to blocking of the sinuses, steaming the face, or inhaling the steam through the nostrils, will frequently give relief. If the proper apparatus is not at hand to carry out the treatment, marked benefit may be derived from flannels wrung from hot water and held against the lower part of the forehead.

To obtain continuous heat, it is well to cover the flannel with a rubber bottle containing hot water. After using the steam or heat, the patient should not be exposed to the cold for twelve or twenty-four hours.

When convenient, the Turkish bath in the beginning will frequently cut short an attack.

Therapeutics.

Camphor. In the beginning, chilly, feels as if catching cold. This remedy should be given in two drop doses of the tincture on a lump of sugar every fifteen minutes until warm. It is rarely advisable to administer more than three or four doses, when some other remedy will be indicated.

Kali iod cum merc. iod. Since this combination has not been proven, our indications are wholly clinical, I believe it to be a remedy of great value. After the Camphor stage, it will quickly cut short an attack characterized by sneezing; free watery bland discharge from nose; eyes may be implicated; occasionally short hacking cough. The remedy must be stopped as soon as improvement begins.

Nux vomica. Sneezing accompanied with fluent coryza during the day; may be itching in postnares with tickling cough. Stopped at night, heavy pain over frontal region on account of implication of frontal sinuses.

Gelsemium. Epidemics in spring and fall; chilliness, especially up and down the back; must keep near the fire, no thirst; sneezing, discharge usually bland; muscles feel sore; head feels large; languid, does not want to move; heavy torpid condition; takes cold easily; tendency to neuralgia of the fifth pair of nerves.

Aconite. Attack frequently due to sudden changes of temperature; chilliness followed by fever, headache and sneezing, nose blocked up; restless and thirsty; dry hacking cough.

Arsenicum alb. Free watery acrid, burning discharge; frequent sneezing; nose feels stopped up but still it runs; redness around edge of nostrils due to excoriating discharge; roof of mouth itches and burns. Feels the cold easily and wants to keep near the fire; prostration; especially useful in malarious districts.

Arsenicum iod. Frequently called for during epidemics. Similar to *ars. alb.* with added asthma; alternate chills and heat; sneezing is usually more violent than under *ars. alb.* The main indications to bear in mind are the irritating excoriating discharge, and asthmatic tendency.

Ammonium carb. Acrid, watery discharge; sneezing during the day; burning in the eyes. At night discharge stops and the nose is blocked up; must breathe through the mouth; the nightly blocking up causes a dry cough.

Ammonium brom. Similar to *amm. carb.* and in addition, where colds always extend to larynx, this remedy in 1x trit. will usually prevent the laryngeal complications.

Euphrasia. Fluent coryza, with marked suffusion of the eyes, great dread of light, conjunctivitis; the discharge from nose is bland, while that from the eyes is acrid; feels like sneezing all the time.

Digitized by Google

Iodine. Dry coryza, but becomes fluent in open air; discharge hot; nose becomes sore; sneezing.

Kali iod. Profuse acrid watery discharge violent sneezing; conjunctivæ palate and eustachian tubes may be involved: strongly indicated if maxillary cavities are implicated.

Mercurius. Sneezing; profuse fluent corrosive discharge worse at night. Later stages discharge is greenish; worse when warm in bed at night, yet cannot bear the cold.

Pulsatilla. Frequent alternation of fluent and dry coryza; sneezes as soon as he gets near the hot stove or heat, especially in the evening, feels better in cold air. Later stages discharge yellowish.

Sambucus. Snuffles of infants; cannot breathe through the nose, starting, jumping in sleep from inability to breathe. I usually have the best results from this remedy in the 1x. dilution.

TRACHOMA OR GRANULAR LIDS.

BY J. F. McGUIRE, M. D.,
ALPENA, MICH.

I have not undertaken the elucidation of this subject with the hope of adding anything which will be of value to the specialist in this line, but rather to bring it before the general practitioner that he many receive some encouragement in the management of this most terrible affliction.

This disease was not brought prominently before the medical profession until the beginning of the present century, when it was supposed to have been introduced into Europe, by the soldiers under Napoleon the First Egypt being understood to have been its birthplace; yet, later researches would indicate that trachoma had been endemic in Europe from time immemorial. Literature upon this disease has been voluminous, during the course of ages, and yet we are far from a clear understanding of it.

Granular lids is a disease which is prone to affect the lower classes; persons living in poorly ventilated rooms, illy clothed and meagerly fed, but is also to be seen in persons who were apparently in vigorous health. Different authors have given us divers classifications but, it will answer the present purposes if we include all forms under the two headings of conjunctivitis trachomatosa (or granular lids,) and conjunctivitis follicularis or follicular conjunctivitis.

The course of conjunctivitis trachomatosa is sometimes insidious,but usually the patient complains of sensitiveness to light lachrymation and agglutination of the lids, pain, roughness as from sand in the eyes, and the affected eye is usually partly closed from drooping of the upper lids from increased weight. Upon everting the upper lid we find the conjunctiva injected and thickened and roughened, studded with coarse granules, yellow or gray, translucent, bodies: this form confines itself almost exclusively to the upper lid, attacks grown persons rather than young, and is the cause of most of such complications, as ulcers of the cornea, pannus or roughness of the cornea, and displaced eyelashes and distorted lids. It has been noted that true trachoma occupied almost exclusively the upper lid.

Follicular conjunctivitis, on the other hand, occupies as exclusively, the lower lid. It is found in children or young people, chiefly of a lymphatic temperament. The follicles are of oval form, lying side by side, like a string of pearls. While we have briefly indicated the distinction between the two forms above mentioned, it is particularly to be observed that their pathological and histological structures are so similar that the two cannot in every case be separated, even by the most proficient experts upon this disease.

While it is an established fact that true trachoma always occurs by infection, it is quite as thoroughly established that follicular conjunctivitis can arise without infection, as for instance, from the prolonged instillation of atropine. Perhaps the only satisfactory distinction between the two, is the course. In true trachoma, as before mentioned, we have

Digitized by Google

as sequelæ, pannus, cicatrices of conjunctiva with its consequent distortion of lids, whereas follicular conjuctivitis is a disease perfectly devoid of danger, which, as claimed by some, will get well without any treatment and leave no traces behind, which fact gives the differentiation of the two diseases a practical importance and we especialy as homœopathic practitioners, will find a differentiation in the pathological conditions, to be practically imperative when it comes to the selection of the remedy.

We now come to the *treatment*, my incentive for this paper, and we will observe the *cure*(?) of trachoma encounters its greatest difficulty in the length of time that it requires. The majority of cases are attacked with too vigorous measures. You will see it asserted that a cure can be effected within three or four weeks, but you will be nearer the correct time if you tell your patient that it will require at least, three months. And, even then, you will often be put to your wit's end to accomplish your object within that length of time, even under the best of hygienic surroundings with all the pure air possible with no straining of the eyes, and no irritation from vitiated atmosphere. The patient should wear smoked glasses to protect the eyes from bright lights; should sleep alone and use individual towel to guard against the dissemination of the disease.

Many lotions to be applied to the granulations have been recommended, but I will mention only those which have been most satisfactory in my hands and will name them in the order of their importance to me.

The first is the *bichloride of mercury* of the strength of 1-2000 used so long as there is improvement. Then when absorption of the granules seems at a standstill, change to the same solution of the strength of 1-1000. Now as to the manner of applying this treatment I use at first, absorbent cotton, firmly wrapped around a pair of dressing forceps, thoroughly saturated with the solution. Evert the lids and use at first gentle friction or scrubbing gradually increasing the force of the scrubbing until the desired result is attained. If I find that the cotton is not harsh enough to set up the desired irritation, I change to a piece of coarse cloth, using it vigorously as I did the cotton, even to the drawing of blood. Pay no special attention to complications, such as pannus and ulcers, as they will almost invariably disappear with the subsidence of the inflammation of the conjunctiva.

The next remedy to be considered is the *sulphate of copper* or "blue stone," to be applied lightly to the conjunctiva, especially in cases of an asthenic nature.

The third remedy of my "repertoire" is the *nitrate of silver* or "mitigated stick,' to be used similarly as the next above, but in cases that are of a more acute nature, with a good deal of discharge, purulent in character.

The next is more mild than the last two and can be used without much fear of danger, and consists of ten to twenty grains of *tannic acid* in one ounce of glycerine.

Another mode of treatment is by the use of Knapp's roller forceps. In the use of the rollers as well as in my application by friction. I use *cocaine* to complete anæsthesia. Of course one must not neglect the indicated remedies, but as they may be legion, I will mention but two, *aurum mur.* for the true trachoma, and *natrum mur.* for the follicular variety.

The Portland (Oregon) Hospital has recently come under homœopathic management. In a little over four months there have been treated 108 patients. The number of deaths has been seven making less than 6.5 per cent. as a death rate. The total number of surgical operations has been 35, many of them having been of a very serious character. All of these operations have been successful, no deaths having resulted therefrom. A comparison of the death rates of the former aud the present management is more than 33⅓ per cent. in favor of the present homœopathic administration.

Digitized by Google

Materia Medica.

CONDUCTED BY M. W. VAN DENBURG M. D. AND R. M. RICHARDS, M. D.

Natural Law,—a law of nature,—a fixed method of procedure,—a recognized order of sequence of events,—an unvarying order of cause and effect,—an established order of sequence dependentupon the nature of things,—an inherent rule of action based upon the constitution of matter, or by whatever other form of words we may strive to compose the meaning of experimental conclusions, we shall always fall short of a perfect definition, for we are ignorant of all the attributes of the fact we strive to express.

The law of gravitation, and the law of chemical union are accepted as examples of natural laws. But as to the law of chemical union has anyone ever been able to explain why a certain simple substance, nitrogen for example, does not unite with every other chemical substance? Why there is no union in the one case is probably as much subject to natural law, as why there is union in another. Because there are certain diseases that seem to us incurable, is then *similia* not a natural law of cure? Suppose some should prove incurable after all; suppose they have no similimum? It may be very provoking when one has sought in vain for a similimum and found it not. It doubtless looks very strange also to an outsider, when a case of inflammation of the lachrymal duct presents itself, and after having resisted the treatment of several doctors, is cured by a few doses of *silica*, while a case of boil on the back of the hand progresses through a certain series of phenomena we call the full course. Again a case of parenchymatous tonsilitis in its incipient stage disappears after a few hours of *baryta carb.* while a case of follicular tonsilitis is only partially aborted by *merc. biniodide*, *lachesis*, *or lycopodium* or something else.

Some of us have found remedies that can be counted upon every time that we never hesitate to give, saying such and such an hour, you will be relieved and such a day you will be well. The number of these remedies may be limited, and the cases few, but why can not both be increased?

Why should any disease be incurable? Were not some of the diseases which we have learned to cure with celerity today, regarded by practitioners a few years ago as practically incurable—that is, as diseases that must run their course? Are not many that we have learned to curb, still so recorded by our conferes in other schools now? There is a big field for the cultivation of medical knowledge, and skill in applying drugs, before a disease should be pronounced incurable. M. W. V.

Correspondence.

The Editors do not hold themselves responsible for the personal opinions of their correspondents.

More of "The Ann Arbor Matter."

To the Editor of the Medical Counselor:

Any one who is familiar, or is sufficiently interested to make himself familiar, with the history of the Homœopathic Department at Ann Arbor, may know of the indifference and opposition that has always characterized the Board of Regents in their relations to that department. With what reluctance the department was first opened, only after long and tedious litigation compelling them to comply with the demands of the legislature after *mandamus* proceedings before the Supreme court. The fact too that every step taken by the profession and friends of the department to extend its usefulness and increase its capacity has been met with bitter opposition, and every possible obstruction by the Regents, and that the legislation that has been passed, has been carried in opposition to the Board and its friends on the University Committee of the legislature, and with what eagerness they have grasped at any and every proposition made by enemies and misguided friends known to be unpopular with the profession and tending to lessen its influence throughout the state and nation should be noted.

Knowing as they did, the influence certain propositions of "Amalgamation" so called, would have upon the profession and that such a proposition would receive most severe criticism from the patrons of the department, yet such plans were encouraged by individual members of the Board and it was from influences and promises made by certain members that such a plan was suggested.

They knew and were told that serious considerations of such a plan would be disapproved and were notified by a majority of the faculty and leading men in the profession that any such proposition would meet their most earnest protest. Yet in the face of all this, they did receive such a proposition re-

Digitized by Google

fer it to the Medicial Committee and only for want of proper legal authority was it not put in operation.

The proposition for a rider upon the 1-6 mill University Bill compelling the continuation of the department was vigorously opposed by them,as it was also by their friends, but thanks to a large majority of the members of the legislature their true opposition to it was discovered and the bill passed with the rider.

Now the proposition to move the department to Detroit, where its field of usefulness and clinical advantages may be largely increased, is being vigorously fought by them although the legislature said by a large majority it should be done. Every technical point possible to raise is being raised and but for the determination of a few of the friends of the college, removal would never be heard of again. Everyone knows or believes that but for the constant opposition by them thereby producing a lack of confidence in the stability and advancement of the school, it would today be one of the leading schools of this country. While this school with superior advantages for collateral study has but 26 students, other homœopathic schools have advanced, keeping abreast with the increase of population and better facilities for thorough medical education. Does anyone believe that had this college been given the advantages, and had the hearty sympathy and co-operation of its Board of Regents it would not have kept pace with other like institutions? The want of growth and development in this institution is largely due to the improper management, lack of sympathy and direct and open opposition of the Board of Regents to every proposition for its advancement and their readiness to court any proposition calculated to make it unpopular and uncertain.

But for this, the institution today, instead of being a "thorn in the flesh" of every earnest lover of homœopathy would be the "pride of his heart."

D. M. NOTTINGHAM, M. D..

LANSING, MICH.

The Homœopathic Department.

To the Editor of the Medical Counselor:

What startling tales the newspapers have been regaling us with lately. The Cubans marching unchecked to victory, and a glorious independence. The flying squadron rushing through the water toward this country, at twenty knots an hour, prepared to blow the continent out of existence. And last, and most thrilling, the Homœopathic Department of the University of Michigan casting off all the old trammels, and with its large class, its overflowing hospital, its secretary deluged with applications from would be students, rising rapidly to a success never dreamed of.

As homœopaths, it is a matter of secondary importance that the Cubans are as far from the goal striven for as they have ever been. It is a matter of but little greater importance that the flying squadron still lies quietly off Spithead, It is a matter of vital importance that our school is, to say the least, in no better condition than it has been for some time past.

Its large class consists of "about" twenty five students. It is hard to say just how many there are in it, as those who should know have varied in their reports all the way from "*about* thirty two" down to "*about* twenty two." Its hospital at the time it was reported as having an unprecedented number of patients had "about" twelve. The number of applications received I have no means of determining, but if the story in regard to them was spun from the same imagination as the one which tells of the unprecedented number of patients in the hospital, the true number is probably "about" one.

So those who have maintained that the school could not succeed in its present environment, and who have striven hard and long for something better for it, must not be led by these Munchausen-like tales of success to believe that they were wrong, that all their efforts were spent in a false direction, and so

Digitized by Google

give up striving and quietly sit back and let things take their course.

The school stands in the same need today of being removed to where it can be make a success, that it did a year ago. Let those who work with this end in view not be deceived—they are in the right now, as they were then, and must work on, till our Homœopathic school stands in Detroit, an object of pride, not only to ourselves, but to the United States.

MICHIGAN

Ann Arbor,
Jan. 30, 1896.

Meetings of Societies.

Cleveland Homœopathic Society;

Upwards of fifty members of the Cleveland Homœopathic Society met on the evening of January 20th. to do honor to a banquet prepared and presented by the incoming officers. At the conclusion of the banquet the president, Dr. D. H. Beckwith, took charge and after disposing of routine business proceeded to read his address on "The Duties of the Profession in 1896." After outlining the growth of homœopathic medicine in the last fifty years, and tracing the present success of the school along various lines he gave his views on the pending medical legislation, taking the stand that all medical legislation is oppressive, is in contravention of the American idea of liberty, and should not be encouraged or entertained.

Among other things he said:

"In my opinion we do not want any more medical examiners than we now have. Our medical colleges are demanding higher and better qualifications than in any previous year. The colleges have for their teachers the best men in the profession—their lectures are studied and given to make good physicians and surgeons out of these students.

"All the colleges in the State are vying with one another to see which will reach the highest standard in medical education; and no college can afford to risk its reputation at the present time by sending out unqualified physicians into the world to practice medicine and surgery. These facts show to us that we want no medical board to examine the students of '96 from any college in the State of Ohio.

"The law which the doctors wish to secure will allow no one to except graduates to practice medicine or surgery without a license from the medical board. Such a law will prevent some of our citizens from having a choice who should treat their sick wives and children. Some very intelligent and well educated people do not believe in the administration of medicine to cure disease.

"Now what right have we, as doctors, to prohibit those citizens the privilege of selecting in sickness whom and what methods they please? They have rights which should be respected.

"We now have a bone-setter in Youngstown who has adjusted partial dislocations that have baffled the skill of some of our best surgeons. This man engaged in foundry work, has a gift, and I affirm that he should have the right to use it, and that every citizen has a perfect right to employ him or anybody else that can accomplish more in relieving suffering humanity than a man who can pass a medical board.

"The uncertainties attending the old school practice of medicine have had the effect of inducing unprincipled, ignorant men, quacks and charlatans, to enter the field in competition with educated physicians. In order to abate this influx in Ohio the three schools of medicine have agreed on a bill by a committee, and if this or any other bill becomes a law none can practice medicine in Ohio but the elect.

"If the Legislature should pass a medical bill it will overstep the wishes of the people, will retard scientific investigation and will confine the treatment of the sick to three schools, or nearly so. Theories that were once fallacies in the eyes of the doctors are now facts, and so submitted. Where would homœopathy be today if medical examinations had been made by old school boards fifty years ago? It would have been buried with its founders so deep as not to arise until the day of judgement. Where would the liberal eclectic school have been? It would have been consigned to a warmer place than Cincinnati, never to be resurrected until Gabriel sounded the last trumpet.

"If a man is willing to risk his life in the hands of a homœopathic scientist or a prayer curer he has a perfect right to do so. It is a liberty handed down to him by the forefathers of the Revolution. We all know that from statistics in malignant epidemics, homœopathic therapeutics has made a much smaller death rate than did the old school method. Again, there are some who claim that

Digitized by Google

those people who take no medicine will reach a greater longevity. That class of people the law can not reach."

Dr. T. W. Miller, the vice president, called for debate, and Dr. H. H. Baxter arose and recited the true scope and purpose of the present Mosgrove bill, in which the medical profession has united. He said that a canvass of the State among the better class of homœopathic physicians has resulted in an almost unanimous upholding of this bill. He called attention to the fact that the bill which was defeated in the Legislature some years ago was not the original Mosgrove bill, but a substitute which unfortunately carried Mosgrove's name. He answered at some length the objections raised by the president, by stating that the medical profession as a whole had the right to protection from being made the dumping ground of all the other unprotected States.

It was evident from the rounds of applause which greeted Dr. Baxter's remarks that he and not the incoming president, represented the true feeling of the Cleveland Homœopathic Society in the matter of medical legislation.

Dr. J. C. Wood and Dr. E. H. Jewett also took up the bill. At the conclusion of these remarks, the chair called attention to the fact, which had momentarily escaped him, that at a recent meeting of the society, it was voted that the Mosgrove bill, the original bill, not the substitute, be supported and assisted in its passage unchanged. Therefore, it was announced, the discussion had been irregular, and nothing further was added.

In the lobby and coat rooms, however, the members expressed themselves freely in favor of the bill, with the hope that the present measure might prevail and become a law.

The Practitioner's Club. met Thursday evening Jan. 16th. Dr. Orleman in the chair. Dr. E. J. Kendall read a paper on "The Need of Greater Attention to the Study of Materia Medica." The members were of opinion that materia medica should receive more attention at the meetings of the club. A resolution was passed recommending to the Board of Directors the desirability of setting apart a portion of the time of each meeting for the study of some remedy.

The program for the meeting Feb. 5th. consisted of a paper by Dr. R. H. Stevens on "A few Public Health Suggestions" and a paper by Dr. S. H. Knight on "*Hepar Sulph*" Discussion on the eye symptoms by Dr. C. F. Sterling, ear, Dr. D. A. MacLachlan, respiratory, Dr. N. L. Sage; Tissues, Dr. G. G. Caron.

For the meeting Feb. 19th. there will be a paper by Dr. Mary Willard on *Silicea*.

The Institute Meeting.

The Local Committee has engaged the building of the Harmonie Society for the sessions of the American Institute of Homœopathy. This building is a new and beautiful one, centrally located and easily accessible yet so situated that there will be no disturbance from the noise of cars or outside traffic of any kind. Its internal arrangements are next to perfect. The hall in which the general sessions will be held has a seating capacity of 1000 to 1200 persons; has a large stage and small rooms adjacent for committees. On the floor below are very convenient arrangements for post-office, registration, treasurer, general secretary, censors, bureau of information, officers and committees, and a very large room abundantly lighted, for the accommodation of exhibitors. There is also on this floor a ladies' room beautifully furnished for the meetings of The Meissen. On the first floor is a large room for sectional meetings. Taking everything into consideration it is doubtful if the Institute has ever been so well housed as it will be during its meeting in Detroit next June.

New Sub-Committees--*Printing*:--Drs. Virginia T. Smith, chairman, A. Graham, E. J. Kendall, Detroit, M. W. Norris, F. T. Hillyer, Grand Rapids. *Railway*:--Drs. H. C. Brigham, Grand Rapids, chairman, B. H. Lawson, R C. Rudy, Detroit, C. G. Crumrine, Battle Creek, J. H. Cowell, Saginaw, F. L. Hoag, Grands Rapids.

Digitized by Google

Transportation Committee Bulletin No. 1.

The next meeting of the American Institute of Homœopathy will be held in Detroit Mich., from Wednesday June 17 to Thursday June 25. The Materia Medica Conference, which promises to be a most interesting feature will convene on Tuesday June 16th. at 3 p. m. All interested in Materia Medica should be present.

There is every prospect that the usual rate of a fare and a third for the round trip will be allowed by the Traffic Association. The joint Traffic Association which resulted from the consolidation of the Central Traffic Association and the Trunk Line Association, now controls all the territory between New York and Chicago. This association goes into effect Feb. 1st. provided an injunction against its legality, brought by the attorney general is not sustained. In the latter case no one can tell what the outcome may be.

At the rate of a fare and a third or regular convention rates, the fares from some of our principal points would be approximately; New York $18.00, Boston $22.65, Philadelphia Washington and Baltimore $19.00, Chicago $10.33, St Louis $17.33 and Kansas City $25.33.

The time from New York and Philadelphia is approximately 18 hours, from Boston 20 hours, Chicago 8 hours, St. Louis 14 hours and Kansas City 23 hours.

Detroit is very centrally situated is quite a railroad center and is very easily reached. From New York one can take one of no less than 15 routes, and in the west, especially at the time of the meeting all roads should lead to Detroit.

The Michigan Central road and its branches cover most of the territory in the state of Michigan, as well as offering unexceptional facilities from Buffalo and Chicago. Michigan is credited with some 500 homœopathic physicians. Certainly 75 per cent. of these should be present at the meeting in Detroit.

The Chicago and Alton and the Union Pacific roads which treated the Institute so royally at the time of the Denver meeting, should not be overlooked by our western friends, nor should the Chicago and North Western be forgotten by our north western delegates.

The Lehigh Valley road offers a specially fine service for our Washington, Baltimore and Philadelphia members, it runs in connection with the Grand Trunk railway of Canada which also cover points as far east as Boston and as far west as Chicago.

The committee is constantly at work to obtain the best accommodations for the greatest number at the best possible rates and monthly bulletins will keep the profession posted as to best routes, train services and all railroad matters influencing the meeting. A large attendance should be present.

W. A. DEWEY, M. D., *Chairman*,
170 W. 54th. St. NEW YORK.

Vol. 1. No. 1. New series MEDICAL COUNSELOR, was laid on office table yesterday. I think this monthly merits justly the financial aid and good will of all physicians of our school, especially those residing in Michigan and the dominion of Canada. Enclosed find order for $2 in payment of THE MEDICAL COUNSELOR for current year.

Yours fraternally,
L. LUTON.

The first number of THE MEDICAL COUNSELOR is just received and I am pleased with it. I hope indeed it will meet with a hearty support from the profession and believe itwill be the means of doing great good in the profession of the state. Enclosed find my check for one years subscription in advance. Any aid I can be in advancing the interests of the enterprise will be gladly given.

Yours fraterually,
D. M. NOTTINGHAM.

I have just received the January No. of the MEDICAL COUNSELOR, which I have read with much interest. I am pleased to see this bright and useful Journal resuscitated after a considerable lapse of time.

Very truly yours,
WM. D. FOSTER.

Digitized by Google

THE MEDICAL COUNSELOR.

A Journal of Homœopathy and Collateral Sciences. Published Monthly by The Medical Counselor Publishing Club, 57 West High St., Detroit, Mich.

EDITORS.

Harold Wilson, M. D., Stephen H. Knight, A. M., M. D.,

ASSOCIATE EDITORS.

Materia Medica.—M. W. VAN DENBURG, M. D. Fort Edward N.Y.
R. MILTON RICHARDS, M. D., Detroit.

Surgery.—CHAS. S. MORLEY, M. D., Detroit.

Medicine —ROLLIN C. OLIN, M. D., Detroit.

Eye, Ear, Nose, Throat.—D. A. MACLACHLAN, M. D., Detroit.

Obstetrics, Gynæcology and Pædology,—
E. LOUISE ORLEMAN, M. D.,
MARY THOMPSON STEVENS, A. B., M. D., Detroit.

Diseases of the Chest.—W. R. MCLAREN, M. D., Detroit.

Mental and Nervous Diseases.—W. A. POLGLASE, M. D., Lapeer.

COLLABORATORS.

M. C. SINCLAIR, M. D., Grand Rapids, C. G. CRUMRINE, M. D., Battle Creek, D. M. NOTTINGHAM, M. D., Saginaw.

Subscription price Two Dollars per year. Single copies 20 cents.

Communications are invited from all parts of the world. Contributions, books for review and exchanges should be addressed to the Editors, 32 West Adams Ave., Detroit, Mich.

Business letters and remittances should be addressed to Rollin H. Stevens, M. D., Business Manager, 57 West High Street, Detroit, Mich.

Editorial.

An Advance in Medical Education.

The authorities of Harvard University have announced that after a certain date 1901 all candidates for admission to the Medical school must possess a degree from a recognised college or scientific school. This is the same announcement that was made in connection with the Harvard Law School a short time ago. How radical a departure this is from existing conditions may be seen from the following figures.

In the annual report for 1892 the dean of the medical school called attention to the diminution in the proportion of college-bred men who had entered the school since 1884, in which year the maximum of 53.9 per cent. was reached. This diminution went on until in 1892 the ratio was only 28.2 per cent., a ratio which, with one exception, was less than in any year since 1872. Since 1892, however, the ratio of graduates of colleges and scientific schools generally has been again on the increase, and in 1895 the proportion of students having such degrees as are to be required was 40 per cent.

That the enforcement of high standing does not diminish the reputation or numbers in attendance at any first class institution is shown by the published figures of attendance at Harvard this year—the largest total in the history of any institution in America. Harvard College 1767; Scientific School 320; Graduate School 276; Divinity 41; Law 460; Medicine 507; Dental 103; Veterinary 52; Horticultural 13; Radcliffe College 345; total 3,904; Summer School ('95) 567; Grand total 4,471. We sincerely hope that other schools with strong enough support will follow Harvard's example, for although it will be many years before all medical schools will adopt such a requirement yet every effort to raise the standard of medical education, has a beneficial effect on the profession at large and will tend to establish a greater respect for American degrees abroad.

S. H. K.

A New Mode of Anæsthesia.

The use of ether as an anæsthetic on the continent of Europe was entirely driven out by the advent of chloroform. Recently foreign surgeons, notably the Germans have begun again to use ether and are experimenting with it as with a new drug without a history. The precautions used in administering this anæsthetic and the elaborate measures preventive against accident, taken in hospitals abroad show lack of familiarity and seem unnecessary to Americans familiar with ether from the beginning of their study of medicine. However, the answer has been given again to that troublesome question, "Which one of the phenomena of anæsthesia represents the most dangerous factor?." After a series of peculiar experiments Paul Rosenberg has declared that it is interference with respiration which is largely responsible for dangerous, irregular heart actions. This interference may be mechanical, or reflex through the terminal

Digitized by Google

nerve fibres, pneumogastic and respiratory centers. Rosenberg experimented upon animals with a kymographion attached so as to measure the pulse curve. When anæsthesia was undertaken through the nose a remarkable alteration took place in the pulse curve consisting in acceleration and loss of energy. When however, a canula was introduced into the trachea and the anæsthetic given through that, the pulse curve returned to normal or nearly so, showing that the unfavorable effect upon pulse and respiration was due to irritation of the terminal nerve fibres in the nose. The same effect was observed whenever the patient came out of the anæsthetic a little and fresh material was applied to the cone. Rosenberg conceived the idea that could the irritation upon the terminal fibres of the trigeminal nerve be done away with, the disturbance of the pulse and respiration through the medulla would not take place. Accordingly he cocainized the nasal membrane and observed that the unfavorable symptoms before mentioned did not take place.

"As a further consequence of the experiments it may be stated that sudden death due to chloroform or ether is always caused primarily by an inhibition affecting the respiratory centre, the heart continuing to act—though in an enfeebled manner for some time after the stoppage of respiration. As long as the heart's action is present, danger can be averted by the maintenance of artificial respiration with or without tracheotomy"

Dr. Gerster has given in the *Annals of Surgery* the result of a hundred cases at the German Hospital N. Y. anæsthetized after the Rosenberg method. The nasal membranes were cleaned of mucus, a 5% solution of cocaine applied and continued until the effect was complete. The spray was renewed every half hour during the anæsthesia and again just before removing the patient. Ether, chloroform and the A. C. E. mixture were used, according as the exigencies of the cases demanded.

The conclusions of Dr. Gerster were that the disagreeable feature of the beginning of anæsthesia were mainly abolished. There was no sense of suffocation, no irritating cough or retching. Again in the later stages of anæsthesia there was also more quiet. As to the after effects, there was less vomiting, malaise headache, etc. Alcoholics were an exception to all these features, no improvement being discovered over the older methods of anæsthesia in cases of confirmed alcoholics. Twenty cases are recorded as taking the anæsthetic badly.

In some of his cases, say about one in ten, in from twenty to thirty minutes after the first application of cocaine, with no external reason a marked acceleration of pulse, facial pallor and profuse sweating took place, undoubtedly the effect of the cocaine. One case affected by the cocaine is given more or less in detail.

"Chas. M. grocery clerk in good health a florid, flaxen haired German, scrofulous, masturbator and more or less neurasthenic. Heart, lungs and kidneys were normal. Operation for ingunial hernia. Thirty five minutes after anæsthesia had been begun the respirations which had been shallow from the beginning suddenly ceased with immediate cyanosis of the entire integument. Artificial respiration by Sylvester's method was attempted but led to no success as no air could pass in or out of the lungs. There was no foreign body in the throat all efforts failing to start respiration—the patient himself had not made an effort—his face, lips, conjuctiva were black, tracheotomy was performed rapidly. The pulse was still beating full and firm, 90 to the minute, under artificial respiration the cyanosis gradually disappeared. Not until twenty minutes had passed did the man make any spontaneous effort at breathing. Repeatedly even then, artificial respiration had to be resumed and not until consciousness had completely returned was his respiration normal."

One such case as this directly due to cocaine should condemn the whole system but Dr.

Digitized by Google

Gerster recommends because of its usefulness in mitigating unpleasant symptoms, and "of no apparent risk," its extended and systematic trial.

Our own experience has been that the simple application of cocaine to the nares has sometimes been followed by alarming symptoms and moreover without the patient before hand having given any evidence of any peculiar susceptibility to the action of cocaine. With such an effect liable to happen to anyone, it hardly seems as though the majority of surgeons would care to add this risk to those ordinarily incurred during an operation. S. H. K.

The Office of Coroner.

The office of Coroner is one of the most ancient known to common law. A coroner or *coronator* was so called because he had principally to do with pleas of the crown or suit wherein the King was immediately concerned. The office was first mentioned in 925 during the reign of King Athelstan. "Under this head come the lord chief justice and justices of the King's Bench who are supreme and sovereign coroners respectfully." The office at the present day has been shorn of the honor and respect formerly attached to it. In the place of the knights and gentry, who alone were considered eligible in the days of our forefathers, we find the pothouse politician and the feeder at the public crib. So great was the dignity of the office in ancient days that it was presumed that those holding the office would never condescend to ask for pay. Contrast this regard for the public welfare with the recent free for all looting of the public treasury by the Wayne Co. Coroners. The investigations into the conduct of their office have shown them to be very thrifty indeed. Not satisfied with inquests upon legitimate material in the shape of bodies of persons suddenly or violently dead, bones thrown away by medical students have been the subject of their grave deliberations resulting in the luminous verdict of "came to his or her death by hand unknown." The lack of refuse dissecting material however did not check their industry or zeal to work *pro-bono publico* and county funds. Inquests were held upon persons whose only existence was in the gray matter of the presiding official. Folio after folio of testimony from these subdural witnesses was written down—and of course paid for. Presumably most people consider themselves favored of the gods if well paid for their work once. Not so these indefatigable coroners. One claim was presented to one of the county auditors upon "his busy day" and paid. The same claim was soon after presented to another of the auditors upon "his busy day" and again paid.

Any system no matter how much it had to recommend it, which allowed such abuses as we have named, to exist, should at once be altered and put upon a modern scientific and business basis. In the coroner system of the present day there is little to commend and much to condemn. In this era of special and expert training no one man can be a skilled pathologist, an astute lawyer and a learned judge. The coroner's verdict is a standing subject for the newspaper joker; is utterly worthless, nevertheless being an official utterance, is made the most of in any subsequent legal proceedings by a skillful advocate to hinder justice.

Because of these defects and many others, some states, notably Massachusetts, have substituted *medical examiners* for coroners and confined their powers to distinctly medical work. These examiners cannot hold inquests; they cannot hold an autopsy unless authorized by lawful authority. They can in fact only take charge of a body dead under questionable circumstances. If they deem necessary they can procure authority for an autopsy chemical examination or anything else proper. If in the opinion of the medical examiner the death was due to violence, he notifies the proper local court justice, by whom an inquest is held. If the medical examiner does

Digitized by Google

not consider the death due to violence an inquest may be held if the proper authorities deem it necessary. Under this system with competent medical men appointed by the governor, with a fixed income, scandals have disappeared while the expenses to the state have been reduced to the *minimum*. There is absent too the absurdity of a medical man legally charging a person with murder and the further absurdity of a layman deciding between cerebral embolism and thrombosis.

We would urge upon practitioners everywhere to agitate the substitution of the medical examiner system for the political coroners.

S. H. K.

Editor's Table.

Have you sent your money for THE COUNSELOR yet?

Dr. J. M. Griffin has moved into new and elegant quarters in the Van Husan Building 106 Miami ave.

Dr. Virginia T. Smith has opened a down-town office in the Shurly Building, 32 Adams ave. west. Hours 10 to 11:30 a. m., 3:30 to 5:30 p. m.

The Homœopathic Text-Book of Surgery has at last appeared upon the market. It is a fine large volume of over 1600 pages.

Dr. M. J. Spranger has moved his office and residence to 107 Fort St. west, cor. Cass.

It is probable that owing to the meeting of the American Institute of Homœopathy in Detroit this year, the Michigan Homœopathic State Society will not hold its annual meeting in May, but will appoint a time during the Institute week for the transaction of its necessary business.

We regret that the first and second issues of THE COUNSELOR are somewhat behind time but the delays have been unavoidable. It is our intention to appear on the first day of each month, and as soon as our machinery is in good working order we shall do so. In the meantime don't consider that any delay is necessary in sending in your subscription.

The *Medical Century* has opened a New York office, so as to enter the field as a competitor of our eastern jornals, with a foothold in their own territory.

The *Hahnemannian Society of the Homœopathic Department of the University of Michigan* has issued a circular, requesting the photograph and autograph of each alumnus and ex-professor of the Department.

These may be sent to L. N. Stewart, Homœopathic Building, Ann Arbor, Mich. It might be difficult to say off-hand, whether alumni or ex-professors are most numerous, so many kaleidoscopic changes in the faculty having occured since the college was first opened.

We hope that our subscribers (are you one?) will remember that we are perpetually in need of any and all items of news which will interest the profession. Note some of these little matters on a postal card and mail it to THE COUNSELOR. We want information as to removals, marriages, births, deaths, society meetings and professional happenings of any kind.

A circular catalogue has been received of the reference text-books that have been added to the homœopathic department of the University Library at Ann Arbor. Thirty-six titles are listed. It is a pity that the librarian could not have been as liberal in the days when the number of students in the Department was large, so that more good could have come from his generosity. Such little attentions upon the eve of the removal of the college to Detroit are very pleasant and we all appreciate them, yet we "fear the Greeks, bearing gifts."

Dr. F. V. Horne, has removed to Philadelphia Pa., after a few months stay in Detroit.

Dr. Bushrod W. James, President of the Hahnemann Club of Philadelphia, Pa., suggests to the American homœopathic profession the proper celebration of Hahnemann's Birthday, Friday, April tenth, this year, by

Digitized by Google

both the profession and the laity in general assemblage in every city and town of this country homœopathy has a footing. It is Hahnemann year and should be greatly honored by all true adherents.

He further suggests that on that day a special effort be made to obtain subscriptions to complete the statue to Dr. Samuel Hahnemann, and that collections be made on this occasion by all to obtain the balance of the fund needed.

Let every local society in the country, take action and do its utmost duty in this regard.

The Dresden Method of Modifying Milk

Worcester has recently been privileged to study the Dresden methods of modifying milk. The superiority of the Dresden modification rests mainly upon the recognition of an essential difference between casein and lact-albumin Prof. Lehmann's analyses (published posthumously) of breast milk and cows' milk show that while cows' milk is more than twice as rich in casein, it is much poorer than human milk in lact-albumin.

Dilution of cows' milk, with sufficient water to reduce the casein of the mixture to the amount found in human milk, results in a mixture containing only one-third enough lact-albumin. If the milk be also sterilized, still further loss occurs, as the coagulated albumin is wasted in the scum, and by clinging to the sides of the bottle. He asks whether this may not account for some of the failures with sterilized milk.

We dread the appearance of curds in the stools as showing that the casein is not digested, but do we not often by diluting starve the child of the necessary form of soluble albumin? Three forms of soluble albumin are available: peptonized grain albumin, meat juice, and the white of egg. The last is undoubtedly the best, because of its closest resemblance to lact-albumin and its easiest obtainment.

The following rule is given for imitating breast-milk: To 1 pint of cows' milk (of 9½ per cent. fat) add 1½ pint of an emulsion of one egg-white and 13 dr. of milk-sugar in water. To make the latter, use a fresh egg, which has been washed and rinsed in absolute alcohol. Drop the white only in a clean bowl and add clean or sterilized milk-sugar; rub together, avoid making foam, and then gradually pour in the water. This is then filtered through a sterilized cloth and mixed with sterilized milk and placed in bottles stoppered with sterilized cotton. Such a preparation of milk should, in the author's opinion, go far toward preventing scurvy, which frequently arises with the use of sterilized milk.—*Bost. Med. & Surg. Jour.*

Milk of about 10% fat may be secured as follows: Take a quart of mixed milk from a herd of ordinary cows' (not Jerseys) sit it aside in a clean sterilized glass jar for six hours in ice water, taking care that the temperature of the water does not go below 35.° Now siphon off twenty-four (24) ounces. The eight (8) ounces left in the jar contains 10% fat.

Mortality in Appendicitis and Diphtheria.

In the annual report of Harper Hospital, Detroit (allopathic) we notice that 31 operations for appendicitis were performed with 7 deaths, nearly 25%. Surgeons would have us think that the death rate is practically nil provided only, they see the cases soon enough and the statistics of some eminent surgeons are quoted as proving the statements. We are inclined to believe that the Harper figures are nearer what may ordinarily be expected and further, that the medical treatment of case for case would show as good a result. There were 72 cases of diphtheria with 12 deaths. We are informed that there was a run of some 35 cases with only 2 deaths, treated by *antitoxin* and that before, the hospital had had a run of 75 cases with *no antitoxin* and only 3 deaths. Surely there are other factors than *antitoxin* in producing a low death rate in diphtheria.

Digitized by Google

The Removal Question.

With as little delay as possible it would be well to find out whether the homœopathic college is to be removed from Ann Arbor to Detroit, or by order of the Regents of the University, remain where it is.

The decision of the Supreme Court declaring valid all bills passed previous to the last five days of the legislative session and not signed by the governor until after the final adjournment of the legislature, removed at least one prop upon which the opposition to the transfer rested their hopes.

It now remains to be determined whether the regents are a constitutional body whose will in this case is the law that governs, or whether they are a body whose acts are subject to legislative control; whether the mandate of a state legislature elected by and directly representing the people is to be obeyed or whether it can be disregarded by a board elected to do trustee's work for a state institution

Without desiring to prejudice the case one way or the other, it seems to us that the laws enacted by the people of the state of Michigan, through their chosen representatives, are to be obeyed by all citizens alike, until those laws are repealed or pronounced unconstitutional by the Supreme Court of the state.

If any other contention holds good there should be no time lost in finding out just who and what state boards are exempt from the law's provisions. Every bill introduced in the state legislature begins with: "The people of the state of Michigan enact," and whatever they enact we had supposed to be the law for the whole state and every inhabitant of it, so long as it remains in force.

Let this dispute be quickly settled by the Supreme Court in order that the people may know in just what relation they and their chosen representatives stand toward a state board selected for certain prescribed purposes—*Detroit Evening Journal.*

An Unfortunate Mistake.

A most distressing episode has recently occurred in connection with the administration of the Health Department of Detroit. A young woman was taken ill at her home with certain obscure symptoms which resembled small-pox. The health officer was notified and the case was examined by him and by another practitioner of experience not connected with the department, whom he called in counsel, and was pronounced by them to be small-pox. Her attending physician who had previously been connected with the Health Department, and who had had a large experience in the diagnosis of small-pox, declared the case to be chicken-pox. Upon this showing, the young woman was removed to the pest house, by order of the health officer, but against the remonstrances of her physician. In a few days the diagnosis of chicken-pox was confirmed, the patient recovered and was returned home. Shortly afterward, she developed genuine symptoms of small-pox and was again removed to the pest house, where she died in a few days. The history of the case shows clearly that the small pox was contracted by her during confinement in the pest house under a mistaken diagnosis. It is not believed that the public would hold the health officer to any impossible standard of infallibility in the diagnosis of any disease, but there is a general belief that although he acted honestly and in good faith in insisting upon his diagnosis in the first instance in this case, a certain friction and lack of cordial relations with his one-time subordinate had much to do with determining the patient's immediate removal to the contagious hospital. The incident is very deplorable, and the situation of the health officer just now, altogether unenviable.

The Significance of Gesture in Disease.

When you ask a patient to locate his pain, he does so by a movement of one or both his hands. The gesture, however, not only indicates its seat, but describes its character and distribution. This is an all-important point. If the pain is widely distributed over the whole chest, the patient locates it with a circular rubbing motion of the palm of the hand, indicating the diffused soreness.

The pain of a serous inflammation, on the other hand, is described by first drawing the hand away from the body and then, with the fingers close together or with the index fin-

Digitized by Google

ger extended and the others flexed, cautiously approaching the seat of the inflammation.

In appendicitis the patient does not touch the skin at all when asked to locate the pain. He simply holds the palm of his hand over the diseased area.

With very violent abdominal pains which are not inflammatory, the patient slaps himself vigorously across the abdomen on being asked to indicate the location of his trouble.

If a child refers a persistent pain to the stomach, and there is no tenderness or pressure, disease of the spine is indicated.

In hip joint disease the pain will be referred to a point inside the knee.

With terrific diffused pain in the leg not due to an inflammation, the patient grasps the leg firmly. If it is a darting or lancinating pain he will indicate it with one finger.

In the pain caused by the descent of renal calculi and gall-stones, he follows their course with the top of the thumb or index finger.

The pain of hepatic neuralgia or "shingles" is indicated with the thumb or finger.

In joint pains the patient approaches the seat of trouble very cautiously with the hand spread flat.

The degenerative pain of locomotor ataxia is described by grasping the affected area firmly, indicating a band-like pain. Or, if the pain is sharp and lightning-like in the leg, the pain-gesture is perfectly descriptive; an energetic downward motion, at the same time twisting the hand as though manipulating a cork screw.

A patient will indicate the seat of a severe syphilitic headache by hammering with the tips of his fingers.

A patient complained of a severe headache. "In what part of the head is it?" he was asked. "The vertex," he replied. On being asked to indicate the exact spot, he placed his ffnger on the parietal eminence. This he did three times in succession, though claiming to feel the pain exactly on the top. Upon examining the mouth a defective tooth was fouud. As soon as it was removed the pain disappeared.—*Nat. Board of Health Mag.*

Brains Will Count.

There is no question, that Battey was the first to perform an operation for the removal of the ovaries and tubes only slightly diseased and that all the wonderful work now done in abdominal surgery is the direct result of the initiative work of Battey, Tait, Hegar and others. For the young men of the profession, it ought to be a constant spur to see how a man, practicing in a little town in Georgia, has become one of the most famous medical men of the world. It shows that environment and opportunity may do a great deal, but the man of brains will come to the front whether he is a practitioner at a country cross-road in Michigan, or a surgeon in a large hospital; whether he is on some ranch in Dakota, or in a professor's chair in a college. It is the amount and kind of mental work he does that will count. He may be unknown and obscure, but he will rise to greatness, no matter in what place his lines may be cast.—*J. H. Carstens, M. D. in The Lencocyte.*

Materia Medica Conference.

At the last meeting of the American Institute of Homœopathy, a committee of three was appointed "*To select a large committee of those interested in the Materia Medica, including several of our homœopathic specialists to provide for the consideration and discussion of questions pretaining to the construction of a scientific Materia Medica and to call and arrange for a Materia Medica Conference in connection with the next session of the Institute the Conference to continue one or more days (as may be found necessary) and to adjourn finally before the opening of the nstitute Isessions. The Committee to report its papers and discussions to the Institute for its action.*"

This committee consisted of Drs. Pemberton Dudley, J. H. McClelland, and J. S.

Digitized by Google

Mitchell. The larger committee appointed by these gentlemen is composed of the following: Drs. T. F. Allen, E. H. Porter, M. Deschere, H. C. Houghton and W. A. Dewey of New York, Conrad Wesselhoeft of Boston, A. W. Woodward and H. C. Allen of Chicago, Pemberton Dudley and B. F. Betts of Philadelphia, Eldridge C. Price of Baltimore, Millie J. Chapman of Pittsburg, Harold Wilson of Detroit, M W. Vandenburg of Fort Edward, and A. L, Monroe of Louisville.

This committee held its first meeting on Nov. 21. A list of subjects was selected for the work of the first conference only as the recommendation to appoint this committee included also a recommendation. "*That similar conferences should be held under the auspices of the Institute from year to year until we arrive at definite plans and methods for placing the Materia Medica upon a strictly scientific basis.*" Dr. T. F. Allen, was chosen chairman and Dr. W. A. Dewey, secretary of the committee.

The committee desires to present the following program:—The Conference will meet at the place of the Institute meeting in Detroit, on Tuesday June 16th at 3 p. m. and hold three sessions. The first from 3 p. m. to 6 p. m. the second from 8 p. m. to 11 p. m. and the third on Wednesday June 17th from 10 to 1 p. m.

At these three sessions there will be presented and discussed the following topics:—

I.—Has the Law of Similars ever been unequivocally demonstrated by the deductions from general practice, and do we not require its more formal proof by inductive experimental research.

Essayist Conrad Wesselhoeft, M. D., Boston, Mass., *Discussions by* C. W. Butler, M. D., Montclair N. J., Martin Deschere M. D., N. Y., C. S. Mack, M. D. Chicago, and Chas. Mohr, M. D. Philadelphia.

II.—In what particulars has the proving of drugs deviated from the rules laid down by Hahnemann in the Organon, and in what particulars do Hahnemann's rules and directions for proving drugs differ from, or fall short of those required by the methods and precautions of modern scientific research.

Introductory Remarks. T. F. Allen, M. D. N. Y., *Essayist* Eldridge C. Price, M. D. Baltimore, *Discussions by* M. W. Vandenburg, Fort Edward, N. Y., E. H. Porter, M. D. N. Y., Conrad Wesselhoeft M. D., Boston and George Royal, M. D. Des Moines, Ia.

III.—In the search for the simillimum shall we indorse section 8 of the Organon which says that the totality of the symptoms must be the sole indication to direct us in the choice of a remedy.

Essayist. William Boericke, M. D. San Francisco, *Discussions by* H. C. Allen, M. D. Chicago, W. J. Hawkes, M. D. Chicago, J. D. Buck, M. D. Cincinnati O. L. C. EcElwer, M. D. St. Louis, Mo.,

The time limit for the above essays and the discussions thereon, has been fixed as follows Essays not to exceed 30 minutes, discussions must be limited to 15 minutes. The Essayist is to have an additional 15 minutes in which he may comment on the matter presented in the discussions.

The balance of the time of each session may be occupied in general discussions of 5 minutes duration each. As a large number undoubtedly will desire to discuss these important topics and as the time will be limited those who desire to take part in the discussions are invited to send their names to the secretary signifying the topics they wish to discuss. The remaining time of the sessions will then be allotted in the order in which such requests are made.

Respectfully submitted, Committee on Materia Medica Conference.
W. A. DEWEY, M. D., Secretary
107 W. 54th St. N. Y.

The New Photography.

One of the most important discoveries of science, old or new, most wide-reaching in application and revolutionizing in practice, is being heralded to the world as "the new illuminating process in photography," an agent

Digitized by Google

which it is generally agreed is neither light nor heat, yet which penetrates opaque bodies with startling lucidity. Professor Roentgen, of the Bavarian University, is accredited as the Columbus who stood the egg on end. Some little disparity obtains among the investigators as to the proper name of the new chemical offspring, but all are agreed that it is not light. Edison has expressed the opinion that it is radiant heat photography though vulcanite. Professor Elisha Gray, the inventor of telautograph, thinks it probably a magnetic effect; other scientific men have confessed themselves at a loss to suggest a name for it.

Professor Wright, of the Sloane Laboratory at Yale College, has carried out a series of comfirmatory experiments which tend to increase the hope we have already expressed that science, and especially medical science, will greatly benefit by this discovery of a way to photograph what cannot be seen.

The very idea of catching and fixing upon a sensitized plate that which the eye cannot perceive, while not a thing beyond the powers of the mind to comprehend, is still so fascinating in its possibilities of utility in medical science that physicians are perhaps more interested than others in the new discovery.

It seems certainly to be established that the shape and location of concealed objects can be reproduced photographically by means of cathode rays, and such foreign bodies as bullets and pieces of glass embedded in the hand have been located, as well as the site of a fracture and pathological change in the deeper tissues. Aluminium seems from Professor Wright's experiments to be a metal which intercepts a smaller proportion of the cathode rays than either brass or platinum. An aluminium medal left so clear an impress upon the plate that it is said the design and lettering upon both sides of it were plainly visible. Professor Trowbridge, of Harvard University, by means of Roentgen's cathode rays, has succeeded in obtaining a photographic effect through wood and pasteboard, and Professor Neusser, of Vienna, has by the same means demonstrated calcareous deposits in the bladder, liver, and kidneys of a live subject.

The wizard Edison is now hard at work endeavoring to photograph the brain.

A New Remedy For Consumption.

Dr. Cyrus Edson long connected with the New York Board of Health has introduced to the profession a new remedy for consumption which he calls *Aseptolin*. Dr. Edson was lead up to the discovery of this remedy by a long series of experiments. It was known that during health phenol was a constituent of the urine in small quantities but that during certain diseases particularly those due to germ infection, and high fever, the amount of phenol was largely increased. The deduction from this was that phenol was elaborated by nature to counteract the effect of the germs and cure the disease. It may be remember that creasote, which has phenol for one of its constituents, has been a favorite remedy with many physicians for consumption. Creasote soon affects the stomach unfavorably. Dr. Edson reasoned that could phenol be introduced into the system in a way that was at the same time effective and not poisonous to the patient, nature might be aided in her attempts to resist germ infection in consumption and other diseases.

The results of Dr. Edson's experiments was a substance with phenol and pilocarpine in combination, to which the name of Aseptolin has been given. This remedy is given by hypodermic injection and is used in connection with a spray of iodoform and ether.

Dr. Edson has treated many cases as have others of his friends, and reports remarkable success. He also promises that the new remedy will combat with quinine for the laurels won by that remedy in the treatment of malaria.

*** ***

Digitized by Google

THE MEDICAL COUNSELOR.

A MONTHLY JOURNAL OF HOMŒOPATHY AND COLLATERAL SCIENCES.

OLD SERIES, VOL. XV.
NEW SERIES, VOL. I.

DETROIT, MARCH. 1896

No III.

THE NEED OF GREATER ATTENTION TO THE STUDY OF MATERIA MEDICA.*

BY E. J. KENDALL, M. D.,

DETROIT, MICH.

In Hufeland's Journal in 1796, Hahnemann published an article entitled "Essay on a New Principle for Ascertaining the Curative Powers of Drugs." In this he "reviews the condition of medicine at that time; argues that chemistry is not the proper exponent of the curative action of drugs; that the experimentation on animals with poison is of little use since many plants deadly to man are inocuous to animals; that the true method of experimentation with drugs is by testing them on the healthy body; says that the so-called specifics in common use are but the result of empirical practice, that the pure action of each drug should be obtained on the human body by itself." He presents his theory in the following words. "Every powerful individual substance produces in the human body a kind of peculiar disease; the more powerful the medicine the more peculiar, marked, and violent the disease. We should imitate nature which sometimes cures a chronic disease by superadding another, and employ in the (especially chronic) disease we wish to cure that medicine which is able to produce another very similar artificial disease and the former will be cured; *similia similibus.*"

One hundred years have now passed since Hahnemann thus published his new discovery in medicine, and gave to the world a new system of medicine—a system founded upon natural law and stated in definite terms. It marked a new era in the practice of medicine. Anarchy and chaos, so to speak, were to give place to law and order and therapeutics was to be rescued from the empiricsm and experimentation of the old school and be placed upon a basis giving it at least some claim to be considered an exact science. And now it would be well for us to carefully consider the present condition of homœopathy and discover, if we can, any dangers which may threaten its future prospects as a system of medicine.

The wonderful spread of the principles of homœopathy and the great increase in the number of its followers are, of course, very gratifying, but that the condition of homœopathy as practiced today is all that could be desired by the followers of Hahnemann is scarcely true. Methods at variance with homœopathy have crept in, in such number as not only to discredit it but also to threaten its very existence as a distinct system of medicine. Whatever the cause or causes may be which have led to this state of affairs, the present condition of homœopathy is a serious one and one which should receive the careful consideration of the profession.

No one who has the cause of homœopathy at heart can view but with dismay the great change in the character of the contents of many of our journals and in the papers and discussions at the meetings of many of our societies. In a great number of instances about the only mark that distinguishes them from those of the old school is the name and even that distinguishing feature is often absent. There is little about materia medica, and nothing about the philosophy of homœopathy.

There is, however, a great deal about the practice of the old school and the agents em-

* A paper read before the Practitioner's Club of Detroit, Jan. 16, 1895.

Digitized by Google

ployed by them or more likely discarded by them as not possessing the therapentic value at first expected.

In a recent issue of *The Medical Century* there is printed an extract from an old school journal, the *Medical Standard*, which consists of a copy of a report of the proceedings of the St. Louis Homœopathic Society as reported in the *St. Louis Journal of Homœopathy*, with comments by the editor of the *Standard* in which he says "This discussion is one without which the rather unessential homœopathic indications might have been laid before any medical society. From its trend the fact is evident that diphtheria is treated in homœopathic circles precisely as in medical. The "homœopathic indication" is a trade mark used for business purposes. To which *The Medical Century* adds "Is anything more emphatic needed to support the position taken by the *Medical Century* that we are not following the law as we should, that we are drifting into uncertainties and empiricism, that this reproduction in an allopathic periodical of the discussion at a homœopathic society, as reported in a homœopathic journal, with its comments thereon? We trow not.

The fact is that the St. Louis Society has fallen into exactly the same error the Homœopathic Society of Chicago, the Cincinnati Lyceum, the Missouri Valley Homœopathic Medical Association, the Southern Homœopathic Medical Association, many of our State Societies and we fear even the American Institute of Homœopathy, have fallen into, that of trying to become "liberalists" as it were—attempting to practice homœopathy and empiricism at one time, with the result that we not only fail to exhibit to ourselves and colleagues a loyalty to our law and a confidence in it which if practiced, would surely bring to us many converts from other systems and result in better bedside work, but with the additional result that we bring upon ourselves the deserved ridicule aad censure of the journals of the opposing school. If we have nothing better than they why claim that we have? and if we have something better than they, why neglect our own to follow after theirs? Surely there is something wrong when the proceedings of a homœopathic society are justly held up to ridicule by an allopathic journal, and who will say, after reading the report of the St. Louis meeting, that the *Standard's* criticism is not in good measuer deserved."

Those of you who have read the report referred to, will have noticed the almost entire absence of homœopathic treatment employed by the members of that society. With some it was employed in a very indifferent way and only as an adjunct, with others it was apparently ignored entirely. In its stead was used the local application the antiseptic together with so-called "tonics," stimulants, and in fact every device of that old school. What is the cause of this? Were they not taught the materia medica of our school and the law by which it is to be prescribed? If not the colleges from which they graduated are at fault. If they were taught the principles of homœopathy but in their practice are not true to those principles then they themselves are at fault. In any event, in justice to humanity, in justice to homœopathy, and in justice to themselves they should drop the claim to being homœopathic physicians, and cease to bring discredit on the name of homœopathy. That we have reached a grave condition of affairs few will deny. That many have adopted the crudities, empirical methods of the old school is unfortunately a fact. Must we not trace this in part to the teaching in our colleges where materia medica and the *Organon* are seemingly not now held to be of the importance they once were; and in part to the individual's desire to employ some easier method of treatment than the tedious and laborious method (albeit the only true method) of carefully selecting the homœopathic remedy. They desire to generalize instead of to individualize and consequently fail to obtain the splendid results which a closer application of the law would surely bring.

Digitized by Google

Homœopathy is based upon a law of cure, and the brilliant success of the homœopathic physician is due to the application of that law, but our colleges, with one or two exceptions, appear to have lost sight of that fact.

In their announcements they give more prominence to the number of major operations in surgery and gynæcology than to their record in materia medica. Of course it is essential that the teaching of the other subjects should be of the highest possible standard but in a homœopathic college, materia medica must occupy the highest rank, position justified—even demanded by its vital importance in the practice of medicine.

Materia medica must be restored to the commanding position it once held. A complete knowledge of it is a most essential qualification for the practitioner, for as Prof. S. A. Jones has written, whatever may be his theoretical opinions or speculation in relation to disease, its nature and operations, the physician must go to the materia medica for the information necessary to a correct choice of his remedies.

Here, and no where else is he to look for the instruments of the healing art, here he is to select in accordance with the law of similars, from the many proved drugs, the one specially adapted to the case in hand. Upon the accuracy of his choice depends not only the welfare of his patients and the progress of homœopathy, but also his own individual interest. If then a thorough knowledge of materia medica is so essential, it follows that if homœopathy is not to be allowed to fall into disrepute, if its early success are to be repeated, there must be a nearer approach to the methods of the earlier homœopaths who applied their best energies to the acquisition of such a thorough knowledge of materia medica and of the law by which the remedy was to be selected and thus were enabled to obtain such brilliant results that they so firmly established in the minds of the public the great superiority of homœopathic treatment which even the pseudo-homœopathy of recent years has not eradicated.

When the homœopaths allowed themselves to be influenced by the taunts of the old school that in the homœopathic profession there were few great surgeons and other specialists (forgetting that that condition of affairs was as it should be. for with homœopathic treatment there is less need for surgeons and specialists) they did homœopathy a great injury, and placed its existence as a distinct system of medicine in jeopardy.

The pendulum which up to that time was swinging in the direction of materia medica was thus set swinging in another direction, ever gaining strength and greater sweep.

The thoughtful men in our ranks view with alarm the present condition of homœopathic practice and are endeavoring to divert the pendulum back into the channel of materia medica. The American Institute of Homœopathy has set a good example by the prominence to be given that subject at this year's meeting of that society. Other societies are following in the same direction. In that direction it would be well to set apart one evening each month to be devoted to the study of the organon and materia medica. A few sections of the organon might be read at each meeting with comments and discussion and an analytical study of one or more drugs prepared or a portion of the time of each meeting might be devoted to the study of one or more remedies to be selected at the previous meeting. In this way a start might be made which would eventually result in the accomp.ishment of much good.

I am aware that nothing new has been advanced in this paper, nothing stated of which you were not already fully cognizant. The sole excuse for the paper is the hope that some definite plan for the study of materia medica and the Organon may be decided upon.

French Gallantry —The physicians of Montreuil, near Paris, refuse to give their services to the municipal dispensary, because a woman has been appointed to serve in it one day in the week. Their grievance is aggravated by her being paid, while their services are given free.

Digitized by Google

CHLOROSIS.

BY W. R. MCLAREN, M. D.,
DETROIT, MICH.

June 21st 1895. I was called to see Agnes E., a young girl nineteen years of age. Her father informed me that her disease was organic heart disease, and that they had been informed by a number of physicians that it was incurable. They were about to remove to their summer home and decided to consult me in reference to change of climate.

I visited the house and found her reclining upon an invalid's chair. This little girl—a mere child was born of parents whose aim was to educate her for society. Her little life was one of continual push. She was hurried through school in order that she might be "finished,' in a private school of national reputation.

At the age of fourteen, this unfortunate child began to break down, and amid the gaiety of a very fashionable season, an old fashioned aunt came to spend the winter with the family, whose close observation and puritanical training enabled her to see the mischief that was being done and so impressed the parents that the child was withdrawn from school. Shortly after, came loss of appetite, general malaise and a short hacking cough, which continued throughout the winter, disappearing for the most part in the spring, with much improvement in health.

In the early part of October she attended the Fall Course of the Ave. Dancing Class, and on her way home was taken with a severe chill followed by fever and much coughing, loss of appetite and apparent emaciation. Owing to the excessive palpitation of the heart from the slightest movement, together with the extreme lassitude, she was treated for valvular weakness, and an unfavorable prognosis given.

As I have said, I was invited to suggest the best climate, as so many different opinions had been received. I declined to give an opinion until I had made a thorough examination, which, however, they thought unneccessary, but finally yielded if I would not tire her out so much so that the journey would have to be postponed and perhaps given up. They had been repeatedly warned that examinations might precipitate heart failure. Here I was, and I decided to stay all day rather than be a party to a case that did not impress me with accuracy and scientific correctness.

The most marked symptom ot the very few present, was the violent beating in the præcordial space, so much so, that the chest walls were visibly increased in size. I found upon ausculation, the rhythm of the heart sounds changed or agitated, the first and second sounds almost merged into one and an occasional intermission. I next proceded to outline the heart, fearing there might be some hypertrophy. The apex-beat was discernible in the fifth space, near to the inner nipple. I soon abandoned the idea of enlargement, particularly as there was no dyspnœa or dr ›psical appearance.

I learned that the girl was always extremely nervous and high-strung, irritable when her wishes were not always quickly gratified. I made up my mind to discard all previous statements regarding the several agreed verdicts in the absence of any evidence of organic heart disease, and looked upon the case as purely and unmistakeable of a nervous type; a neurasthenic heart, due to im proverished blood, and incidentally, perhaps somewhat sarcastically, remarked that the best furnace would give only the best results when supplied with the best coal. That the heart was pleading and not having been supplied with standard blood it had become restless and needed blood making elements rather than drugs directed to the palliation of a mistaken valvular weakness the victim of which was to be transported to some clime, trusting to the chance that might work a cure. *Natrum Muriaticum* and *Pulsatilla* were the only remedies given. The diet was for the most part milk sterilized) and grape juice to the extent of a pint each day. Massage and electricity were employed daily. This young girl is now a pupil of the Conservatory of Music and in the enjoyment of vigorous health.

Digitized by Google

CHLOROFORM IN LABOR.

A REPORT OF ONE HUNDRED CONSECUTIVE CASES OF LABOR WITH SPECIAL REFERENCE TO THE USE OF CHLORFORM.

BY G. G. CARON M. D., DETROIT.

Starting practice with a strong prejudice against the use of chloroform in labor, and doing work, mostly in a farming community where this prejudice was greatly strengthened by the fear of the people through their ignorance of this drug, I was slow to grasp the full benefits of its judicious use. Experience, though prodigal of time, and fatal to preconceived ideas, is ever thorough in its teachings, and causes many a somersault of opinion.

The following cases are cited from my earlier practice and may show a higher precentage of lacerations and a lower percentage of administrations of chloroform, than later reports of other physicians; but of this I am not informed as I made no comparisons, Of the one hundred consecutive cases of labor, sixty were multipara, and forty were primipara. Chloroform was administered in fifty-eight cases, thirty-one primipara and twenty seven multipara; thirty out of the fifty-eight, having chloroform were delivered with forceps. Seven of the fifty-eight receiving chloroform suffered from lacerated perinæum while eleven of the forty-two that received no chloroform were lacerated; making 18 per cent of lacerations.

To be accurate, 12.06 per cent of those taking chloroform were lacerated; and 26.19 per cent not taking chloroform were lacerated. It is proper to state that the forceps were never used without chloroform. Two cases not receiving chloroform, suffered from post partum hæmorrhage and one, having received chloroform suffered from the same.

The average length of time of labor for primipara not receiving chloroform was fifteen hours and the average length of time for those to whom chloroform was administered was fourteen hours. In multipara the advantage in time was in favor of those not receiving chloroform by about one half hour, the time being eleven hours and eleven and one-half hours respectively.

Six births were still born, chloroform being used in only one case which was a breech presentation. There were six breech presentations with chloroform used in two of them. There were four pairs of twins and one pair being still born.

The conclusions arrived at after studying these one hundred cases are that chloroform cautiously and intelligently administered during labor is a most humane agent, and is woman's greatest friend; that it does not materially lengthen labor; that it does not conduce to post partum hemorrhage; that it may cause more frequent resort to the use of forceps, but this is not an evil in experienced hands for I have had fewer lacerations with the forceps than without them. Moreover, I have never observed a toxic condition of the mother's blood with after-excitement and puerperal mania; that it has never, in my hands, produced asphyxia of the child; and lastly, that it does not produce tedious convalescence and subinvolution of the uterus.

As a result of these observations I now adopt the following rule as a guide in my obstetric practice: whenever a pregnant woman at full term is confined and desires relief from her pains I give her chloroform.

A CASE OF HÆMORRHAGIC GLAUCOMA.

BY C. F. STERLING, M. D.,
DETROIT, MICH.

On May 9th. 1895, Mrs. W. aged 79 years consulted me for dimness of vision. Examination showed immature cataracts in each eye with vision equal to scant 20-50, and hypermetropia of 2D.

There was also stricture of left lachrymal duct, which partially yielded to treatment and careful use of the probe without incision. Glasses were given which gave fair reading for coarse print. I did not see her for some time after this. On the evening of July 30th she retired in her usual health which was excellent for her years. On awakening in the

Digitized by Google

morning she found marked impairment in vision of right eye, a shadow appearing over everything, which increased so rapidly that by noon she had only shadow perception. Careful examination with the ophthalmoscope revealed several minute hæmohrrhages in and about the macula which fully explained the loss of sight. The arteries at the wrists showed marked atheromatous changes and the statement was made that vision would never be restored, that the hæmorrhages would be liable to increase, that glaucoma would probably supervene. And a not at all impossible result sooner or later would be cerebral hæmorrhages. At this time there were no subjective sensations except the visual loss.

In a few days a slight pericorneal congestion became apparent with a few fleeting pains. There was however, no appreciable increase in the tension. A few days later the redness and pain became more pronounced and the eyeball slightly harder to the touch. Enucleation was strongly urged but refused. Time passed on with marked increase in all the symptoms. Steadily refusing to submit to surgical measures,every means to allay the pain and distress was used with only transient relief. The intense nervous strain finally began to tell upon the general health and the family wished an iridectomy to be made. This I refused to do on the ground of its uselessness in hæmorrhagic glaucoma—its probable aggravation of the condition, and inasmuch as the patient had a serious cardiac lesion, the unwisdom and danger of needlessly subjecting her to two anæsthesias, as cocaine is useless in such cases and enucleation was bound to come.

Further and independent advice was sought from old school oculists with my full concurrence. I simply stipulating that the whole history of the case should be fully given, with the result of my ophthalmoscopic examination; as by this time no reflex could be obtained from the eye. The opinion was given that if they had seen the case without knowledge of my examination they would recommend iridectomy first, but in view of the fact of my observation of the hæmorrhages nothing was left but enucleation. To this, assent was finally obtained and Oct. 20. the eye was was removed, Dr. LeSeure administering the anæsthetic. Chloroform was decided upon in preference to ether,in view of the patient's bad respiration, and in spite of the mitral insufficiency. Its administration was preceded by a hypodermic of strychnia. No trouble whatever, either then or subsequently was experienced.

The patient obtained prompt relief. Anartificial eye was in due time placed between the lids, and since then she has had no trouble. Of course the other eye is liable to precisely the same experience, but as yet it has not come.

The enucleated eye was afterwards caefully opened by section through the equator and the retina found to be studded with innumerable small hæmorrhages. The interesting facts in the case were the opportunity to observe the hæmorrhage at the begining, the prognosis, its fullfillment and the after confirmation by examination of the specimen.

AN UNMOLESTED CASE OF ATTIC DISEASE.

BY THOS. M. STEWART, M. D.,
CINCINNATI, OHIO.

The following case is reported as showing the natural evolution of a case of inflammation in the upper part of the tympanum known as the attic. It may contain something of interest to aurists as it did to the author. At the time this case was seen on the second occasion. a similar case had been cured by operative interference.

The patient was very stubborn as will be seen from the history, and serves to remind us of the fact that "There is a good deal of human nature in all of us" according to Josh Billings. Our explanation of the trouble upon the first visit of the patient was supplemented by a prophecy as to the result of the inflammation if unmolested. Our prophecy wasfulfilled in all except the failure of pain, as at no time did she have any pain.

Digitized by Google

We have, occasionally, been successful in engendering new or better mental habits. notably in case of melancholia, insomnia, and neurasthenia, but in this case our efforts were sternly resisted, and we at once desisted.

Patient—Married woman; aged 35 years; general health good, well nourished.

History—Purulent discharge from the ear for twenty years. Was a delicate child and just before the ear began to discharge,patient "had a cough and some asthma." Mother "was born with asthma." The patient's ear began to discharge after the cough ceased. No history of pain in the ear at any time.

Examination—Drum intact. Pus in auditory canal upper portion of drum membrane inflamed.

Diagnosis—Attic disease.

Treatment recommended—Excision of the of the drum and chain of bones The advice was refused as had been the case with that of two other physicians.

Subsequent history—Eighteen months after the first examination the patient again consulted me. Examinations showed polypoid growth springing from the upper portion of the drum, attached to the upper portion of the mucous membrane forming the roof of tympanum. The patient refused all operative intereference on this occasion as in the previous one. She would allow no local treatment but consented to take internal remedies.

Psorinum cm; Aurum muriaticum 3x; Phosphorus, Teucrium 3x; Arsenicum 3x and 30x; and Sulphur 6x failed to accomplish anything. The polypus is growing and some day the patient may for cosmetic reasons, consent to a removal of the growth and the after treatment necessary to complete a cure.

Aside from the ills which infant flesh is naturally heir to, much of the awful mortality is due to artificial conditions, which could be eliminated simply by the exercise of common sense. These conditions must be regarded as predisposing causes, and the most common as well as the potent are, irrational care, improper feeding, and that irrepressible pestilence that stalketh at all hours—the purveyor of free medical advice.—*Med. and Surg. Reporter.*

Materia Medica.

CONDUCTED BY M. W. VAN DENBURG M. D. AND R. M. RICHARDS, M. D.

Traumatic Remedies.

Symphytum. Non-union of fractures; the pain is jagging, pricking, as if end of bone sticking into flesh. To facilitate the union of fractured bone.

Aruica. Injury to soft tissues; contused wounds, with much discoloration and sore, bruised feeling. Great fear of being touched by any one coming near.

Calendula. When there is much loss of tissue, lacerated wounds, where the repair has to be made by granulation.

Ledum. Punctured wounds in palms and soles, as from nails, awls, rats bite, sting of insects, &c. Pain remote from seat of injury; parts cold, subjectively and objectively.

Rhus toxicodendron. Sprains and strains of single muscles or groups of muscles, from lifting heavy weights, reaching up, &c. (first moving) continued motion.

Actea racemosa. Straining and soreness of muscles of entire body, as in skating, rowing, running, football, &c.

Staphisagria. For incised, clean cut wounds, especially after operations on abdomen.

Hypericum. Similar to Ledum. Punctured, contused, lacerated wounds; from needles, splinters, &c., especially under the nails, or in soft tissues rich in nerves. Torn or lacerated nerves—pains shoots up limb in streaks. To prevent lockjaw.—*Hering Bull.*

Remedies for Morning Diarrhœa.

Sulphur. Drives him out of bed in early morning, about four to six o'clock; painless, but imperative.

Podophyllum. Anywhere from six to ten; profuse, yellowish; with mealy sediment; painless.

Natrum sulphuricum. Must go as soon as he stands on his feet in the morning.

Byronia. Must go as soon as he moves.

Aloe. Like sulphur, is driven out of bed

Digitized by Google

about 6 a. m.; can hardly rise quick enough; uncertain whether he will pass flatus or feces; unreliable sphincter.

Rumex crispus. Early morning diarrhœa, with tickling in throat pit; sudden urging before stool; preceded by pain in abdomen.

Kali bichromicum. Watery, gushing diarrhœa in the morning; wakes with urgent desire, followed by violent tenesmus, which prevents his rising.—*Hering Bull.*

Correspondence.

To the Editor of the Medical Counselor:

Gentlemen:—I have taken THE COUNSELOR many years, and, although I have retired from active practice, still wish to look over its pages in order to read any articles it may contain relating to State medical licensure.

The first number of THE COUNSELOR, just received, contains a low wail of dissatisfaction with the standard of medical education as represented by the *diploma*; a standard that is necessarily defective in that it always has been and always will be, controlled by the *self-interests* of college faculties.

Why not, now at the inception of your new venture, wisely and strongly advocate the only safe and prudent course; that of placing the establishing of the standards of medical learning in charge of *the profession itself*, where it properly belongs, and where, at no distant period, it must necessarily come?

I send herewith my subscription of $2.00, for 1896. Yours,

H. M. PAINE.

West Newton, Mass.

[THE COUNSELOR greatly regrets that the laws of Michigan are as lax as they are, but it is not the fault of the profession. During the session of the last legislature there was passed a bill regulating the practice of medicine that was acceptable to *all* schools. The bill failed to receive the Governor's signature because of some supposed conflict of dates. A bill of the same character will undoubtedly be introduced next session, and THE COUNSELOR will give it its support.]

[The following letter, although not intended for publication, contains some admirable suggestions, and we take the liberty of printing it.—*Ed.*]

DR. STEPHEN H. KNIGHT,
Detroit, Mich.

My dear Doctor:—I thank you most sincerely for your kind letter of the 9th. I wish I had time to write you a practical article. What we want is not so much articles as is to impress those practical ones already written. I wrote in February 1887, an article criticising the communion service. I declared its administration by the ordinary method as dangerous, and as a logical cause for disease. It was agitated for years before changes began, and now over one hundred churches of various denominations have changed the method. I have written of the value of *bromine* for many years, yet how little it is used. There is no remedy in the materia medica equal to it for blood poisoning. I was the first to advocate the oil treatment for appendicitis. The first year I received nothing but ridicule. Now surgeons are beginning to see the sense in considering the physiology of life and to recognize the fact that the Creator must have had some motive in leaving the appendix. I believe that a journal will do a good work if it publishes and republishes articles in the form of axioms. The doctor is a busy man, and a point will catch him when an article elaborated in the main from text books will not. Thanking you again for your kindness,

I am, yours very truly,

M. O. TERRY.

Utica, N. Y., Feb. 10, 1896.

Is Alcohol a Food?—That alcohol diminishes both sensory and motor functions of nerve structure in direct proportion to the quantity present in the system, has been demonstrated by its use as an anesthetic, and by the application of instruments for the measurement of the acuteness of sensibility and the rate of transmission, under the influ-

Digitized by Google

ence of doses varying from 4 c. c. to 100 c. c.

From the foregoing it will be seen that alcohol when present in the system positively diminishes vital force as measured by molecular or metabolic activity; reduces temperature: lessens muscular force; and impairs nerve force, both transmitting and sensory, in direct proportion to the quantity used. And yet, simply because a large part of the alcohol taken has not been actually reproduced in the excretions and eliminations, a large proportion of writers continue to assert that it "must, therefore, be oxidized in the body, thus serving the purpose of a food and in this manner generating *force*." The same writers when asked what kind of *force* is generated, quote Durpee as having "shown that one gram of alcohol oxidized in the organism yields 7184 heat-units, while the same weight of lean beef evolves only 1482 heat-units," And therefore "two ounces of alcohol generate a *force* equal to that generated by a little over nine ounces of lean beef," thereby leaving us to infer that *heat* is the force generated. And still the stubborn facts of both experiments and daily observations. show that nine ounces of beef per day maintain a man's temperature and other forces quite well, while on two ounces of alcohol per day his temperature diminishes together with every other known physiological force manifested in the living body. And if it continues to be used daily for a number of years instead of "*conserving*," it results in molecular degeneration in almost every tissue of the body, as seen in all cases of chronic alcoholism.—*Bull. Amer. Temp. Association.*

Fumigation in Revolutionary Times.—An old Revolutionary War pensioner is made to tell a curious little incident of primitive methods in Samuel Adams Drake's recently issued book, "The Watchfires of '76."

The old veteran surprises and amuses his companions who are sharing with him the comforts of the village inn, by asking them, "Were any of you ever smoked alive?" His question is greeted with a general burst of laughter.

"O, you may laugh," he said, "but I mean what I say, Listen! In the summer of 1776 I was at my old home in Boston, on a furlough. The smallpox was raging in town, and the authorities were very strict about letting any one go out of it who had not had the disease in the natural way. or been inocculated for it, for fear of spreading it. I knew that if I didn't report back at camp before my furlough was out, I would be posted as a deserter. So they took me, and put me into their smokehouse, where I was nearly smoked to death by the fumes of burning sulphur, tar, and such rubbish. "Fumigating" they call it now. Here is what they gave me. I brought it with me on purpose," he continued, taking a much-crumpled piece of paper out of his wuistcoat pocket. "Here, deacon, you read it" The deacon read aloud as follows:—

BOSTON, August ye 13, 1776.

These certify that Ebenezer Simpson has been so smoked and cleansed, as that in our opinion, he may be permitted to pass into the country without danger of communicating the smallpox to any one.

JOHN SCOLLAY, NATH'L APPLETON, } Selectmen.

—*The Voice.*

More Removal Gossip.

The announcement has been made to *The Free Press* from high authority in close touch with the board of regents that no matter what is the decision of the Supreme Court as to the constitutionality of the homœopathic removal bill, the work of the last two years of the college will be moved from Ann Arbor to Detroit. "As a matter of economy," said the speaker, "there is no reason for bringing the first two years' work here, for it is almost the same as the work in the allopathic school and it is now pursued with allopathic students, although not entirely in the same classes. A man's anatomy is the same whether the student be a homœopath or

Digitized by Google

allopath, and the medical chemistry is the same, as are many other subjects, It is not until the students get to the last two years that their studies separate and the two schools take different courses. There are doubtless better clinical advantages in Detroit, especially in emergency cases, for the reason that we have not sufficient hospital room in Ann Arbor. The regular school suffers continually for lack of room for patients. By bringing the last two years of homœopathic work here there would be the vacant hospital that could be turned over at once to the allopathic school.

"The Supreme Court has practically decided that the constitution cuts no figure if it has been violated a sufficient number of times. Gov. Rich hunted up a sufficient number of cases in which governors had made mistakes like himself in failing to sign bills passed within the last ten days of the life of the legislature until it was too late, and these were presented to the Supreme Court as reasons why the Detroit street-opening law should stand. I believe the Supreme Court is aware of the fact that their exposition of judicial doctrine in this respect is somewhat questionable, and they are in no hurry to decide the homeopathic case. The regents are anxious to get a decision as soon as possible in the matter, so that they may know which way to turn, but in any event the last two years of homœopathic instruction will probably soon be given in Detroit.

"By the way, they have a homœopathic faculty in Ann Arbor that is keeping up its end with the faculty of the regular school. The profession of the state is supporting the school as it has not done for years, and everything looks favorable for good homœopathic times if the croakers keep quiet."—*Detroit Free Press.*

The trustees of Harvard College have forbidden the use of rum, brandy or claret at the reunions of classes or at college commencements..

Meetings of Societies.

Michigan State Society Announcements.—After consultation with officers and members, it has been decided to omit the scientific work of the State Society entirely for this year, and to hold a meeting for the transaction of necessary business at some time during the Session of the American Institute in Detroit, June 17th to 24th. Owing to the fact that the Society adjourned at its last meeting, to the usual date appointed for the annual Session (the 3rd Tuesday in May), it has been thought best to convene at that time and adjourn. This will not necessitate the attendance in May of members outside of Detroit, while at the same time they may do so if they can make it convenient. The adjourned meeting will enable all members of the State profession to enjoy the pleasure and privileges of both Societies, without double expense, loss of time, and trouble.

In harmony with the above plan, the Secretary has been instructed to send the following announcement to members of the State Society:

"In accordance with the action of the Society at its last meeting, the 27th Annual Session of the Homeopathic Medical Society of the State of Michigan, will be held at the Hotel Cadillac, in the City of Detroit, on Tuesday, May 19th, at 10 o'clock A. M.

The following resolution will be presented upon the opening of the meeting:

Whereas, The American Institute of Homeopathy will hold its 52nd Annual Session in Detroit, June 17th to 24th inclusive, and

Whereas, It is deemed inexpedient for the members of this Society to attend the Sessions of both Societies upon different dates, be it therefore

Resolved, That the usual scientific work of this Society be omitted, and that the Society do now adjourn to reconvene upon the date of the meeting of the American Institute of Homeopathy, at the time and place to be hereafter announced by the Executive Officers, for the transaction of the necessary business of the Society."

D. A. MACLACHLAN, President.

Detroit, Feb. 28, 1896.

Digitized by Google

The Institute Meeting.

The Local Committee.—February 20th was held a meeting of the entire local committee of the American Institute of Homeopathy in the chapel of Grace Hospital. A large number of physicians were present, including several from outside the city of Detroit. Reports were received from the chairman of all the sub-committees, showing progress in their work. From the reports of these committees it is safe to say that the local committee will offer the Institute as cordial and hearty reception as it has ever been the good fortune of the Institute to meet, while the entertainment the committee have in store, we are sure will surpass anything ever before offered its members.

International Congress Bulletin.

The Committee on International Congress desires to announce that after nearly four months unceasing effort it has been totally unable to secure special rates or accommodations for the Congress in London. The date of the Congress having been set at a time when the steamships are overcrowded, the companies not wishing the business, refuse to consider it.

The White Star Line has agreed, however, to reserve a very limited number of berths on the "*Britannic*," sailing hence on June 24th, and the Cunard Line has also agreed to reserve a few berths on their steamer "*Umbria*," sailing on June 27th. These are special concessions. The berths in each case will be held *only* until March 15th. The prices range from $108 to to $150 each, for four persons in a room, for the round trip. Reservations can only be made by a deposit of $25. Those desiring to avail themselves of these sailings should apply at *once* to the secretary.

W. A. DEWEY, M. D., Secretary.
170 West 54th Street, N. Y.

The Grace Hospital Report.

DECEMBER 1895 AND JANUARY 1896.

During the two months there were treated in the hospital 72 medical cases; 105 surgical; 58 gynæcological; 15 obstetrical; 3 ophthalmic; a total of 253 cases.

In the dispensary there were treated 229 medical; 24 surgical; 96 gynæcological; 127 ophthalmic; 55 dermatological: 259 laryngological; 55 diseases of diseases of children; 15 neurological; a total of 1,077 visits.

596 prescriptions were filled. The ambulance made 100 runs.

57 operations were performed, including among them several laparotomies for removal of the ovaries; for obstruction of the bowels; for appendicitis. Among the other operations were those of perinæorrhaphy; trachelorrhaphy; removal of hemorrhoids; circumcision; curetting for dead bone; curetting the uterus; amputation of the breasts; amputation of the leg; removal of the coccyx; excisions of dermoid, fatty, and other tumors.

The Restriction of Consumption.—From the absolute knowledge in our possession that the infectious material in tuberculosis resides wholly in the secretions from the part affected, it seems possible to restrict the propagation of this disease with more certainty and with less inconvenience to the afflicted and their friends than in any other infectious disease. To secure such restriction, a campaign of education of the people must be inaugurated. The people must be taught the nature of this disease, the methods of its propagation, and the means that must be employed to control it. For this purpose perhaps no plan that has been proposed is superior to that which has been adopted by the State Board of Health of Michigan, and which, in other diseases, has proved to be of such absolute value for the past twenty years. By this plan it is obligatory upon every physician and every householder to report to the local Health Board every case of tuberculosis To each patient, and to his friends, and to those who come in contact with him, is sent a circular of information setting forth in simple terms all of the facts concerning the nature,

Digitized by Google

communicability, and necessary preventive measures to be observed to protect himself and his friends from the further spread of the disease.

To secure a universal dissemination of accurate information concerning zymotic diseases, the State of Michigan has within the last year made it obligatory to teach all pupils in the public schools the fundamental facts and practical methods of sanitation in all known infectious diseases. In reply to a letter of inquiry concerning the practical workings of the methods so far adopted, Dr. Baker, Secretary of the State Board of Health of Michigan. says: "Though it is too early to show by statistics the result of this plan, it is noticeable that many people have been set to thinking on this subject, and much interest has been manifested." In one of his able addresses on "Consumption as a Disease Dangerous to Mankind," he states facts which seem to warrant the hope that the restriction of consumption will prove easier than the restriction of scarlet fever," and on a previous page he has proved by statistics that, since the adoption of this plan in 1874, "The death rate from scarlet fever in Michigan was less than one-half what it had been previous to the beginning of the work.—*Med. News.*

Camphor for Ether Collapse.—Schilling affirms that hypodermic injections of camphor in larger doses than the text-books advise are beneficial in ether collapse, Half-grain doses are extremely gratifying. The solution should be one part camphor to ten parts olive oil. As tha campbor is eliminated within two hours it has no cumulative effect.—*Munch. Med. Woch.*

The New York Homœopathic Medical College has received another substantial gift from ex-Governor Flower and niece, who have endowed five beds with the snug sum of five thousand dollars each. Mrs. C. H. Kunhardt has also given the medical department the sum of fifteen thousand dollars, to be expended in a memorial ward in honor of her late husband.

The Death Rate of the world's population is said to be sixty-eight per minute, and the birth rate seventy per miuute. Thus the birth rate seems to have it by about 3.000 per day, or 1,095,000 per year. Evidently there is life in the old world yet.

Bacteria in Schoolrooms.—In a recent communication to the Hamburg Medical Society, M. Ruete details the results of his bacteriologic examination of the air of schoolrooms. He made use of Hueppe's method and made his investigations at 2:30 o'clock in the afternoons. While these were always made under the same conditions the results were very variable. He found a minimum of 1,500 bacteria to the cubic metre, a maximum of 3,000,000 and a mean of 268,000. Analogous researches gave Hesse an average of only 9,500. Among the bacteria observed the author calls attention (*Bulletin Medical de Paris*) to a motile bacillus which does not develop on agar, but on gelatin plaques gives rise to circular colonies with crenated edges; it can also be cultivated on milk and potato; pure cultures kill mice in twenty-four hours and their blood is rapidly fatal to guinea-pigs. Ruete has been able to extract toxins form the blood of animals thus killed.—*Journal of the American Medical Association.*

The number of students attending the medical department of some of the German universities for the winter, semester of 1895-1896, is as follows:

	Natives.	Foreigners.	Total.
Berlin	883	375	1258
Munich	516	677	1193
Wurzburg.	182	532	714
Leipsic	347	320	667
Erlangen	187	187	374
Greifswald	316	35	351
Freiburg	85	240	325
Breslau	310	6	316
Strassburg	160	152	312

For Sickness Following the Administration of Chloroform.—Lewin finds that a linen cloth steeped in vinegar placed over the face of the patient and allowed to remain for at least three hours will prevent the sickness following the administpation of chloroform.—*Rev. Cridhe.*, September. 1895.

Digitized by Google

THE MEDICAL COUNSELOR.

A Journal of Homœopathy and Collateral Sciences. Published Monthly by The Medical Counselor Publishing Club, 57 West High St., Detroit, Mich.

EDITORS,

Harold Wilson, M. D., Stephen H. Knight, A. M., M. D.,

ASSOCIATE EDITORS.

Materia Medica.—M. W. VAN DENBURG, M. D. Fort Edward N.Y.
R. MILTON RICHARDS, M. D., Detroit.
Surgery.—CHAS. S. MORLEY, M. D., Detroit.
Medicine —ROLLIN C. OLIN, M. D., Detroit.
Eye, Ear, Nose, Throat.—D. A. MACLACHLAN, M. D., Detroit.
Obstetrics, Gynæcology and Pædology,—
E. LOUISE ORLEMAN, M. D.,
MARY THOMPSON STEVENS, A. B., M. D., Detroit.
Diseases of the Chest.—W. R. MCLAREN, M. D., Detroit.
Mental and Nervous Diseases.—W. A. POLGLASE, M. D., Lapeer.

COLLABORATORS.

M. C. SINCLAIR, M. D., Grand Rapids, C. G. CRUMRINE, M. D., Battle Creek, D. M. NOTTINGHAM, M. D., Saginaw.

Subscription price Two Dollars per year. Single copies 20 cents.

Communications are invited from all parts of the world. Contributions, books for review and exchanges should be addressed to the Editors, 32 West Adams Ave., Detroit, Mich.

Business letters and remittances should be addressed to Rollin H. Stevens, M. D., Business Manager, 57 West High Street, Detroit, Mich.

Editorial.

Another Word On The Removal Question.

In another column we publish an extract from one of the Detroit daily papers bearing upon the removal question. The rumor which is there made public, has been current for some time. It is supposably true that the regents of the University are willing, under certain circumstances, to establish the junior and senior years of the homœopathic college in Detroit. Just what the reasons for this willingness might be, we are unable to say. In part it might be due to the pressure of public opinion; in part; to the fact that by so doing, the old-school department of the university would have better facilitjes upon the campus, and in part, to the fact the regents might believe such a move to be for the best interests of the department in question. We shall make no effort to determine the motives which actuate them.

The position of THE COUNSELOR in respect of this whole removal question may not be entirely clear. In fact from some criticisms we have heard, it is evident that we have been misunderstood. Let us make it plain in the first place, that the only things we are committed to, are the liberty of opinion in medicine, and the maintainance of the rights and welfare of the homœopathic school in particular. So far as the homœopathic college of the University is concerned, we have only the most kindly feelings. It has seemed to us that its usefulness and importance could be greatly increased by its removal to a larger city than Ann Arbor, and that it might thus be made an instrument of greater good to homoeopathy. This opinion we have simply held in common with the members of our school and the people generally throughout the State. If any other opinion prevails, and if there are good reasons why the removal should not take place, our columns have been, and are open for their expression. If sufficient proof were offered that we are mistaken in our opinions, we might even be converted to a contrary belief.

*

It may be however, that this reported willingness of the regents to remove a part of the homœopathic college, is without any foundation of fact. Indeed, a newspaper interview with the president of the university credits him with a statement to this effect Perhaps the suggestion has been made just to see how the profession would receive the proposition, if made "officially." If this is so, we take the greatest pleasure in informing the regents, that in our judgment, the profession would reject such a cc ıpromise with much unanimity. A partial emoval, would cripple the college, instead ot benefiting it. However much the work of the first two years in the two medical departments may have in common, it certainly ought not to be identical, and cannot be made so without sacrificing the homœopathic student. If such identity exists at Ann Arbor under the present regime, so much the worse for the regime. We can not endorse it. If such identity does not exist, it should never be agreed to. If the integrity and welfare of the university is

Digitized by Google

threatened by the proposition to remove any one of its departments from the campus, how much more is the homœopathic college likely to be jeopardized by its own dismemberment. To say that the proposition should be accepted to avoid conflict with the regents, and because "half a loaf is better than no bread." is to quote a pretty proverb, and overlook the real issue. We shall make no effort to exhaust the discussion at this time. It would be premature, and is unnecessary.

H. W.

The Morals of Medicine.

Sermonizing upon matters of ethics is perhaps a dangerous occupation for medical editors. The proper business of these gentlemen is to interest, instruct and amuse their readers either by learned essays—which nobody reads—or by pieces of intellectual *meerschaum*, so to speak—which nobody remembers. In either case, nobody is hurt, and the subscriptions continue to pour in. All of which, is of course, very delightful. Moreover, sermons are notoriously not much in favor with the medical profession whose serious duties are of a more urgent order, and leave no time for such trifles. Therefore, we shall not be so unwise as to fly directly in the face of custom, and deliver a sermon on morals at this time, even though the Methodist blood in our veins may bubble at the thought.

But there are things so frequently coming within the experience of the physician in active practice, which cry so loudly for remonstrance, that silence is a difficult virtue and a doubtful one. He finds patients robbed by being treated for diseases which they do not have, and by the performance of operations which are worse than unnecessary ; slaves to morphine or alcohol, who owe their degradation to the "quieting down" or "toning up" process of some physician to whom they went for help, in a time of distress ; men and women, whose lives have been ruined through the blundering ignorance of their medical or surgical attendants ; women who have been made a sacrifice to their husband's infidelities, and yet who have been allowed by their family physician to remain in ignorance of their real condition and to infect their own offspring in consequence.

He finds too, physicians who are receiving percentage commissions on prescriptions for drugs, for spectacles, and for instruments, thus either robbing the patient or levying a sort of blackmail upon the dealer. He finds others, who do not hesitate to lie about their colleagues and to steal their patients by fraudulent misrepresentations. In fact, he finds altogether, much shameful dishonesty, and many disreputable practices within the circle of what we euphemistically call "reputable practitioners." We grant that he finds honesty, integrity, uprightness, self-sacrifice, heroism, too, but these qualities of character are far from being universal, as they should be.

There is nothing peculiar in the morals of medicine. They need no special treatises to expound them. The ethics of everyday life need no metamorphosis to fit them to the practice of medicine. Truth, honesty, justice, are as intelligible to the physician as to the corner-groceryman.

We shall keep to our resolution not to sermonize, but it might be a good thing, if some medical evangelist should step into the pulpit and fulminate against the medical immoralities which we all recognize.

Of course, neither you nor I, dear reader, do any of these wicked things, but our neighbor across the way, is a bad fellow, and and really needs to be reformed—*Hinc illæ lachrymæ.*

H. W.

Risks of Anaesthesia.—According to the *Medical Press*, sixty-one deaths have occurred during the administration of anaesthetics in the United Kingdom in the past year. Fifty-two of these have been due to chloroform.

Some Curious Cases are reported by W. H. Bates in the *Medical Record*, of patients suffering from headache and asthenopia apparently caused by wearing gold spectacles. The symptoms were relieved by placing the lenses in steel frames or by insulating the gold nose-pieces.

Digitized by Google

Book Reviews.

Helmuth House Reports.—Fifth Series.—Sept. 15, '90 to Sept, '95.—G. P. Putnam's Sons.—We have just received a copy of Prof. Helmuth's report of the work done in the last five years at the "Helmuth House," his own private hospital. This is the fifth of his series of reports, and covers the period from September 15, 1890, to September 15, 1895. The report is a handsome octavo of one hundred pages, printed and bound in superb style, by G. P. Putnam's Sons. It is profusely illustrated. We may be pardoned an especial interest in the doings of the "Helmuth House," and in its reports, for it was our good fortune to be its house surgeon in the first two years of its existence, and to help compile the first two annual reports of the hospital.

Dr. Helmuth enumerates a series of 1,009 cases in the five years, with 885 operations and only 29 deaths. Its twenty chapters are filled with the description of Dr. Helmuth's surgical technique, his conclusions from his vast experience and unlimited range of observation. He discusses in detail many of the interesting phenomena connected with abdominal work, and furnishes food for reflexion for every one called upon to perform general or special operative work. The chapter headed "Paralysis of the Bowel" deserves more than a passing word. It is a condition we are sure that is not fully understood even by those who frequently open the abdomen. Dr. Helmuth is disposed to believe that "exposure and manipulation of the intestine," has much to do with bringing about this condition possibly reflex through the sympathetic nervous system. In this connection it will be interesting to mention a case operated upon by Prof. Edward W. Jenks, at Grace Hospital, which has come under our observation, and is reported here with Prof. Jenks' permission. The condition designated as paralysis of the intestine, by Prof. Helmuth, existed after a supra-vaginal lysterectomy for several days, and defied every measure taken to relieve the complete stasis of the bowel and the enormous distension, which was so great that some of the sutures were torn out. At the end of several days abdominal massage in connection with the Faradic current was used; one electrode was applied to the patient's back, the other to an indifferent part of the nurse's body, then while she was manipulating the abdominal wall with both hands the current was passed through, relieving after a few trials the condition completely. The patient recovered. notwithstanding a pre-existing kidney lesion, accompanied with a large amount of albumen and at times convulsions.

We wish to congratulate Dr. Helmuth upon his many years of successful work, and trust there are many yet to come.

S. H. K

Editor's Table.

Statistics seem to show that last year, 46 deaths resulted directly or indirectly from collegiate games of foot-ball. The higher education has its drawbacks.

It is comforting to learn that according to Prof Rankie, we are now in possession of an anatomical means of distinguishing with certainty between man and the lower animals. The ratio of the weight of the brain to the spinal cord in man is 1400 to 33, which is much greater than that in any of the lower animals. Hereafter, if you think any man is a brute, but are not quite sure, the autopsy will settle all doubts.

On Feb. 22. fire occurred in Dr. E. H. Pratt's sanitarium in Chicago, starting from an overheated stove in the basement. Smoke soon filled the building, and the patients, some twelve in number, had to be removed to a place of safety. All were rescued without accident. The fire was soon put out, the building being injured to the extent of about $800, fully insured.

Digitized by Google

The Commencement Exercises of the Chicago Homœopathic Medical College will be held in Schiller Theater on Tuesday March 17th. at 2 P. M. Professor A. G. Beebe, A. M., M. D.,will deliver the Valedictory address. The graduating class will be the largest in the history of the college.

Dr. Abner Hayward a pioneer of Homœopathy in Mt. Clemens, Mich., who has been under the care of Dr. J. A. Lenfestey for some time is again able to attend to his practice.

Born to Dr. and Mrs. J. A. Lenfestey, Mt Clemens, Mich., Jan. 28th. a girl baby.

The Bath houses and Hotel Sanitarium of Mt. Clemens, Mich., report a larger business than any previous winter and are preparing for a big rush the coming summer.

Dr. Chas. Morley of Detroit, has moved his family to Mt. Clemens, Mich.

The homœopathic profession are warned against the "irregular methods" employed by the so-called "regular physicians" in Mt. Clemens, and unless they instruct patients coming here for treatment to see a homœopath the first thing, their patients are invariably "sold" to an "old school" man. If the profession will entrust their patients at Mt. Clemens to the care of the resident homœopathic physicians they will serve their own interests as well as further the cause of homœopathy.

Mt. Clemens, Mich., has long felt the want of a large Sanitarium and offers a grand opportunity for the right party or parties for such an enterprise which should be under the control of homœopathy.

The private Sanitarium recently opened by Dr. J. A. Lenfestey, has proven successful beyond expectation.

From an item in *The Medical Visitor* we learn that "by a decision of the Supreme Court, the Homœopathic College will be moved to Detroit." Unfortunately the news is a little premature, as the Supreme Court has not yet considered the case which involves the vital points of the removal question So far, nothing has been determined, except that the governor's signature to the removal bill is valid.

The Children's Free Hospital of Detroit, as soon as it gets into its new and beautiful building at the corner of St. Antoine and Farnsworth streets, will establish a training school for nursery maids. The pupils will be educated in the proper care of infants, their feeding bathing, and various emergencies which may arise in the nursery. It will be the only school of its kind west of Buffalo, and will be not only a novel, but a very worthy enterprise.

Dr. A. F. Randall, formerly of Port Huron Mich., has removed to St. Paul, Minn., and has opened an office at 681 Endicott Arcade building and will devote himself exclusively to the diseases of the eye, ear, nose and thoatr.

Dr. Norman Johnson, formerly of Bay City, has removed to Jackson, Mich.

Dr. Rollin H. Stevens, the Business Manager of THE COUNSELOR has removed to No. 6 Adams Ave. West.

Dr. Mary Thompson Stevens is slowly recovering from a long and serious illness. Her many friends will be glad to hear of her improvement in health.

Case of Hydrophobia.—A fatal case of what was considered hydrophobia occurred at Harper Hospital, Detroit, the second week in February, The patient (an adult) was bitten six months ago by a cat, while playing with the animal. Cultures are being made from parts of his spinal cord, and endeavors will be made to prove the correctness of the diagnosis and also to make an immunizing fluid.

The Ladies' Home Journal announce that it will no longer receive advertisements of medical preparations. If this is a bid for the doctors' vote, the paper ought to have it.

Digitized by Google

Syphilis through Flea Bite.—Jonathan Hutchinson reports a primary lesion of syphilis of unusual origin. An elderly member of the profession presented himself, covered with an evidently syphilitic eruption, which rapidly disappeared under the use of mercury. The only interest about the case was the question as to how the disease had been acquired. The doctor was evidently anxious to give all the information in his power, but was positive that he had never been exposed to any sexual risk, and, as he had retired from practice, no possibility of infection in that manner existed. He willingly stripped, and a careful examination of his entire surface revealed no trace of lesion whatever on the genitals or at any point, except a dusky spot on one leg which looked like the remains of a boil. This the doctor stated had been due to a small sore, the dates of the appearance and duration of which were found to fit exactly with those of a primary lesion. There had also been some enlargement of the femoral glands. He had never thought of the sore in this connection but remembered most distinctly that it followed a flea bite in an omnibus, and had been caused as he supposed by his scratching the place, though he could not understand why it lasted so long. Mr. Hutchinson concludes that all the evidence tends to show that the disease had probably been communicated from the blood of an infected person through the bite of the insect. It thus appears that even the proverbially trivial flea bite may prove a serious injury at times.—*Medical News.*

Preservation of Milk by Freezing. — A Swede has recently taken out a patent in this country for a process of preserving milk for transportation. The method has been practiced in Sweden for some time with excellent success. The process is as follows: When the milk is received from the farmers, it is heated to a temperature of 167° F., then cooled off to 50°, after which the milk is put into cans, "and placed into a freezing apparatus, where it will be thoroughly frozen in the course of three hours. The frozen milk is then put into barrels of pine, the only kind of wood that can be used. The barrels, however, are only half filled with this frozen milk, the balance being filled with unfrozen milk. This way of packing has proved to be the only practical one, as part of the milk has to be frozen in order to keep the whole cold, and part has to be in a flowing state in order to get the barrels exactly full, which is necessary in order to avoid too much shaking up on the road. by which the cream would be churned into butter; the floating masses of ice at the same time prevents the cream from separating in the unfrozen milk. Milk which is treated in this way has proved to keep quite fresh for twenty-six days.—*Good Health.*

Shall we Continue to Sterilize Milk for Infants?

Dr. Benjamin Lee says that we are to much in danger at the present time of forgetting that there are other causes of disease than micro-organisms. The possibility that the exclusive use of sterilized milk as a food for infants, while it would avoid the dangers arising from the occasional presence of the bacteria of typhoid fever, tuberculosis and other infections, may prove a serious obstacle to assimilation and nutrition, and thus lead to the developement of rachitis, scurvy and other allied conditions of mal-nutrition, was pointed out by him in a paper read before the meeting of the American Orthopedic Association, at Washington, D. C., May 30, 1894, on the subject of rachitis.

Prof. A. Jacobi, in the leading article of Pediatrics, for January 1st, 1896, in which he reviews the question of infant feeding at length, while urging the importance of the sterilization of the milk in the strongest possible terms, yet calls attention to the fact that "sterilization has been claimed to be no unmixed boon because of its changing the chemical constituents of milk."

Digitized by Google

In speaking of the method of Dr. Rotch, which consists in sterilization, mechanical separation in order to remove impurities, and remixture of the milk and cream, he says: "I know of a number of babies who in health and disease have done well on the protracted use of the laboratory milk. Only one observation struck me in a few cases. The formation of the muscles and part of the bones appeared to be slow, the teeth came a number of weeks or even months too late, the cranial bones turned slightly soft in a few instances. In a few such cases I had to add animal broths or juice before the usual time; in one I tried phosphates (elixir phosphori) which was rejected, in others it was well borne and useful."

Jacobi in a foot-note ventures the prediction that 'before long more than today cereals must be given to make teeth when milk food alone does not suffice for their developement."

His own advice to mothers unfortunately compelled to nourish their infants artificially, if they are able to obtain pure milk, from cows of authenticated good health, and from dairies where proper sanitary precautions are known to be taken, and are able to use the milk within twelve hours after milking and after very limited transportation, is that they should keep the milk in hermetically sealed jars and in a cool temperature, but should not subject it to Pasteurization, sterilization or boiling. Under other conditions namely those of protracted transportation, prolonged exposure to high temperature, ignorance of the conditions of health of the cow or of cleanliness of the dairy, they should resort to boiling in preference to sterilization or Pasteurization. It is possible that the boiled milk will tend somewhat more to induce constipation than will the sterilized milk, but this is a trifling objection which can be easily met. *Jour. Pediatrics.*

The beer consumed in the United States last year would fill a canal ten feet deep, fifty feet wide, and fifty miles long.

The Influence of Liquor Drinking on the Morals.—One of the most distinctive features of habitual and periodic inebriety is an utter disregard for truth on the part of many inebriates. Women lose the sense of truth even more completely than do men. Seen in the very act of setting down the just-emptied glass, lady patients have coolly and solemnly denied to me that they had partaken of the contents. The perception of truth seems to be destroyed by alcoholic indulgence; the consciousness of truth seems lost in the devotee of Bacchus. Even when temporarily sober, the brain may be so dominated by the alcoholic obliquity to truth that no reliance can be placed on any statement made by the man or woman whose sole being has, as it were, been steeped in alcohol.—*Dr. Norman Kerr.*

The Bicycle for Elderly Men.—It appears that the attempt to condemn the orthodox stooping posture of the modern cyclist is to be a failure. After a strong effort in the direction of advocating an upright posture, I find myself so outvoted (with the tacit consent of the medical profession) that I have retired from the contest. I suppose that the present low, forward position of the handles, and the consequent stoop, and contracting of the shoulders, will remain the commonly favored posture in cycling. There is another point, however, which appeals specially to elderly cyclists, and it may be that as my cycling experience (on the racing path and touring) has extended over more than twenty years, I may be allowed to speak. I mean the matter of saddles. Our elderly cyclists will soon find out what it means to ride with their weight on the perineum: the profession as a body seem to quite approve of that method of sustaining the weight, as they do of the orthodox camel-hump posture, but I can strongly recommend all elderly riders to obtain a seat made of two small cupped circular air pads, one for each ischial tuberosity,

Digitized by Google

with no pressure upon the perineum whatever. The comfort of such a seat (such as Burgess' seat) is enormous, and does away with all that perineal servitude which is so painful and often serious to heavy riders. Still, I find that in this matter also the cyclists prefer to keep the old methods; they like bruising the bulb of the urethra and the occasional difficulty in micturition after a long ride: It is no business of mine; let us by all means keep the camel-hump posture and the perineal suspension; personally I shall continue to assume the upright posture, with long, low, backward handles; and shall ride on my non-perineal seat.—*Lancet.*

Cardiac Dropsy Dr. McLaren reports a case cured by Caffeine, 30 grs. daily for two weeks. It causedsevere pains in the stomach which necessitated its discontinuance for 48 hours.

A Good Law.—We are glad to note that the Legislature of the State of New York has passed a law prohibiting, under a penalty of from $100 to $500, the exposure of fish, game, or poultry before any shop or store. This will do away, in the State of New York, with the exposure of the dead carcasses of animals in all conditions of mutilation which have heretofore decorated the fronts of butcher shops in every civilized city of the globe. The law has a moral as well a hygienic value, in the protection of the eyes of the public from revolting spectacles; hence it is to be hoped that the example of New York will be followed by other States.—*Good Health.*

Mr. H. M. Stanley, a member of Parliament, at the recent International Geographical Congress held in London, spoke strongly in favor of abstinence from alcoholic drinks in tropical climates by Europeans and Africans alike. He said that what people who went to Africa and other teopical countries needed to learn was the art of "how to live;" that he had constantly seen men in torrid regions drinking spirituous liquors; that "Dutch courage" was not needed in Africa, and the men who drank liquor were the men *who never returned* from Africa.—*Ex.*

Potatoes an Unhealthy Food.

John Gilmer Speed, Dr. Cyrus W. Edson and Mrs. S. T. Rorer learnedly discuss "The Potato as a Daily Diet." in the November *Ladies' Home Journal*, and pretty conclusively prove that the humble but popular tuber is not a healthful article of food. Mr. Speed asserts that the potato as a food is not nearly so valuable as we have generally esteemed it to be. It is quite deficient in nitrogen, and as a sole diet is, therefore, unsuitable. It is hard to digest, and, therefore, should be partaken of very sparingly by all save those who live active lives out-of-doors. The potato provokes our great national ailment, dyspepsia, and, the sooner the consumption of the mealy tubers begins, the sooner will the dread fangs of the dyspepsia appear.

Dr. Edson, in a rejoinder to Mr. Speed, writes: "I must quite agree with Mr. Speed in his condemnation of the potato. I am sorry to have to say anything against the humble tuber, but the truth, especially when it is scientific, and more especially medico-scientific, must be told. It is certain no one can at all times eat the potato with the assurance that it will do him no harm. The practice of feeding potatoes to infants and young cannot be too severely condemned. A potato diet may not kill them outright at once, but it is certain to injure their digestive organs permanently an d effectually, so as to make their lives a burden to themselves and those who are brought in contact with them." Dr. Edson also contends that the potato is very deficient in nutritive qualities, and has less value as an article of food than most other vegetables and cereals.

Digitized by Google

Mrs. Rorer writes: "I am not a potato prohibitionist, but I firmly believe that potatoes should be served only with strongly concentrated nitrogenous food, such as roasted beef, or, for the vegetarian, with beans, peas, or lentils."

Individualization in the Treatment of Phthisis.

1. The consideration of the patient as a distinct individual,

(*A.*) The control of conditions or symptoms of any organ of the body that will at all favor the downward progress of the local lung malady.

(*B.*) The modification of the patient's whole life, and treatment looking directly and indirectly towards the control of the process in the lungs.

2. The modification of the system's subsoil that permits the disease to exist.

(*A.*) Hypernutrition.

(*B.*) Rest, open-air exercise, baths.

(*C.*) Climate.

3. By attacking the disease *in situ* as directly as possible.

(*A.*) By increasing the expansibility of the lungs by means of respiratory exercises.

(*B.*) By controlling the associated bronchitis.

(*C.*) By drugs.

(*D.*) By inhalations of drugs.

(E.) By controlling dominant symptoms of the respiratory sphere if they jeopardize the favorable progress of the case.

(*F.*) By controlling systemic symptoms that arise from the local malady if they unfavorably influence the progress of the case.

4. By modifying the hygienic surroundings so as to promote the highest degree of general health.—*E. R. Snader, in Hahn. Monthly.*

Dr. W. R. McLaren says *verbascum thapsus* (Mullein) in hot milk decotion, is one of the most useful remedies in the cough of phthisis.

The Indigestion of Starchy Food.—The picture is a familiar one, but we all have doubtless failed many times in not differentiating this particular form of indigestion, and in attributing too much importance to the gastric, to the neglect of the intestinal digestion. After all, the diagnosis by exclusion, for such must be the method employed, and its accuracy can be readily put to the touchstone of clinical experience. Those, in whose persons starch is imperfectly digested, tolerate badly the starchy foods. The causes of the indigestion of starches are: (1) excessive ingestion of carbo-hydrates, (2) imperfect insalivation, (3) hasty mastication, (4) too diluted starch foods, (5) too great gastric acidity, (6) insufficient or perverted secretion of pancreatic fluid, (7) excess or abnormal activity of micro-organisms, (8) intestinal torpor or exaggerated peristalsis, and (7) imperfect absorption of already digested foods.

The diagnosis rests upon the positive evidence of constipatisn, flatulence, the sensory phenomena, the general systemic disturbances and remote painful symptoms existing in a marked degree, and upon the negative evidence as found in the ethereal sulphate-ratio and the amount of urinary indican. The picture seems clearly outlined, and we may say that the diagnosis of the indigestion of starchy food should be reached with reasonable certainty.—*Medical News.*

The Massachusetts Hospital for Dipsomaniacs and Inebriates sends out its fourth annual report, which presents a striking contrast to the reports of the Keeley cures as regards temperateness of statements concerning patients treated. There were, for example, during the year 1894-5, 121 patients discharged from the hospital. The condition of 106 of these is reported upon; of these, 27 are reported as doing well or abstinent. 10 as improved or drinking less, 32 as unimproved or drinking as much as ever, while 47 had returned to the hospital. This shows that the percentage of those that are spoken of as

Digitized by Google

"doing well," which would be ordinarly reported "cured," is about twenty-five per cent., and this may be taken as a fair estimate of the results of hospital treatment for dipsomaniacs and inebriates. A further table is given, showing the apparent habits of persons who had been out of the institution for one year. A total of 121 persons is reported upon, and of these twenty-six per cent. are reported "doing well," and eleven per cent. improved. As to those who relapse and return to the hospital, we are told that the relapse usually occurs within two years from the time of leaving the institution and that the tendency to relapse seems to decrease with time. The trustees report that the question of compulsory confinement of dipsomaniacs in institutious is being more actively agitated and advocated every year. There is as yet no law in any European country which makes the confinement of inebriates compulsory, but such laws are being recommended, and in Austria, England, and France the trend of opinion seems to be increasingly in favor of them.

A Magnificent Hospital.

The following spontaneous tribute to the Grace Hospital of Detroit, appeared recently in *The Lakeside Monitor* of Au Sable, Mich.

"The editor of this paper had occasion to pass Sunday and Monday at Grace Hospital in Detroit, where Mrs. F. is awaiting recovery from her injuries mentioned last week. During these two days we had opportunity of studying somewhat the management of this institution. The patients in the private rooms are permitted to entertain friends from 10 a. m. to 10 p. m. every day In the wards friends of patients are only allowed two afternoons of each week. The worthy poor are given free beds in the wards and are entitled to free treatment at the dispensary. Other patients able to pay are charged $5 per week in the wards, while private rooms range in price from $15 to $30 per week. The transaction of everything is upon such a magnificent system of order and discipline the medical attendance so thorough and prompt, the nurses so well trained kind and considerate of the wants of patients, that one sick must get well if Providence so disposes. Mrs. F. has a room on the second floor but a few feet from the nurses' station, and the mere touch of the electric bell brought a nurse in a moment day or night. One unfortunate enough to be ill or injured is certainly fortunate who falls into the hands of those in charge at Grace Hospital. A patient is not necessarily in charge of the physicians in charge of the institution. Any physician, either homœopathic, regular or eclectic has a right to take a patient there either in wards or private rooms and there they are entirely under their supervision, the nurses following all instructions to the letter. A complete training school of nurses is conducted in the institution and all understand their business to perfection. If the writer is ever seriously ill he wants treatment and care at Grace Hospital."

The Culture Tube in Diagnosis of Diphtheria.—We notice that some of our contemporaries are speaking contemptuously of the culture tube as a method of diagnosis in diphtheria, and some of the more foolish are intimating that we will soon do away with microbes and go back to the good old style. It is true that some modifications have been make in the method by which the bacteriological diagnosis of diphtheria is made, but the value of the method is none the less great. It is now, we believe, conceded that if the cultures obtained from the throats which are supposed to have diphthria contain no bacillus either identical with or resembling that of the Klebs-Loeffler bacillus, the case is not one of diphtheria. If, however, these organisms are found, it is not possible to make a diagnosis at once of diphtheria, without inoculations, for there is a non-virulent bacillus which in all respects resembles morphologically the true bacillus. If, however, in con-

Digitized by Google

nection with this bacillus there are clinical symptoms of diphtheria, then the diagnosis is practically certain. Thus, the bacteriological methods have both a positive and a negative value that is extremely great. *Med. Record.*

To Abolish the Office of Coroner.—A bill has been prepared under the auspices of the Medical Society of the State of New York abolishing the office of coroner when the present terms of those holding the office shall have expired. It will be presented to the State Legislature without delay, and provides for the appointment by the appellate divisions of the Supreme Court, of medical examiners and assistant medical examiners, four in each class, two of whom shall be expert pathologists and an expert chemist respectively. The salaries of the principals are not to exceed $5,000 yearly, paid by the State, while the counties in the different appellate divisions of the Supreme Court throughout the State pay the assistant examiners. The examiners and their assistants are to have all the power and privileges which are granted to the present coroners.

Increase in Diphtheria Mortality.—According to *La Medecine Moderne* of January 15, 1896, the mortality from diphtheria in Paris, which for eighteen months has kept below the figure of ten per week, suddenly went up to twenty-three and seventeen respectively for the first two weeks of the year.

The frequency of the disease, however, has not increased, but, on the contrary, in the second week of January, there were but ninety-four cases reported, as against one hundred and twenty-six in the preceding week.

This naturally brings up the question again: Have we been passing through a period of mild diphtheria, and will the antitoxin serum prove less efficacious when the virulence of an epidemic is pronounced?

The Radical Cure of Hernia in Children.—Dr. Broca of Paris, has performed the radical operation for the relief of hernia in children under fifteen years of age in 450 cases. Only one death occurred in this series of operations, and this was due to septic peritonitis. Of the total number of cases reported, 14 were umbilical hernias. The others were inguinal hernias, 41 in girls and 395 in boys. Dr. Broca urges that, whenever possible, the operation should not be performed until the infant has been weaned. But operations for strangulated hernia have been successfully done on infants a few days to several weeks old. The technique of the operation is the same as in adults. The time needed for its performance is generally only about ten minutes.—*Lyons Medical.*

The Artificial Feeding of infants.

In the New York Foundling Hospital the attempt to raise infants wholly on artificial food has thus far only been a preliminary to the signing of the death-certificate. The problem has been labored over by a succession of attending and resident physicians, but the result through twenty-five years has always been the same. Every variety of artificial food, every scheme of feeding that could be provided, has been tried, not excepting the sterilized and modified milk which has been working such revolutions elsewhere, and yet we seem little nearer the desired end than we were in the beginning. Again, it may be well to note that no argument against the value of modified and sterilized milk under other circumstances can be drawn from this experience in a foundling hospital. This is simply another evidence that infants, no less than men, "live not by bread alone," and that that physician only will best care for children who comes to understand all the importance that attaches to the varied factors of air, light, temperature, and above all a mother's care in the rearing of infants.—*Arch. Pediatrics.*

Digitized by Google

Learning a Trade—In the olden time it took a boy some seven years to learn a trade. Now it seems, we are smarter, and in some of our modern universities such as Cornell, a student learns four trades in four years. It is related that a certain fastidious student in this institution objected to learning blacksmithing, but was forced to take the course nevertheless. He subsequently became the superintendant of a mine in Colorado. and thanks to this special training was able to weld a broken shaft, which must otherwise have been sent some three hundred miles over bad roads, for repairs. Now he votes for blacksmithing.

Plagiarizing Again.—We had supposed that American authors were rising above the mortal plane which prompted them to appropriate the writings of others, and that the medical profession especially had kept themselves clear from this disgrace; but the *Medical Press and Circular* of February 5th, published in London, contains the following:

"As evidence of the dishonesty to which English authors are subject, we need only mention the case of a 'System of Surgery by American Authors,' recently issued. On receipt of the first volume in this country the American system of surgery was discovered to be most pronounced in its absence, and English authors had been so plagiarized that sale was prohibited in Great Britain and the volumes had to be promptly returned to the home of their birth. Of course, this might have been a mere concidence, and the American authors might not have known of the existence of the English works, but they will, perhaps, pardon our suggesting that it would have been more straightforward had they issued the work as an American system (not in surgery); we should have understood it here."

Besides the American "System of Surgery." published by Lea Brothers & Co., of Philadelphia, we learn that Nancrede's "Essentials of Anatomy," published by Saunders, also of Philadelphia, and Leonard's "Vest-pocket Anatomist," published by the author in Detroit, are open to the same criticism, and the sale of the three books has been stopped in England, It would seem that the course of both authors and Publishers in these cases demands an explanation.—*Med Rec.*

The Hahnemann Monument.

In celebrating the birthday of Hahnemann this year, the Centennial of Homœopathy, Dr. B. W. James suggests that it be made the occasion of familiarizing the public with Hahnemann's life and work, and particularly in awakening an interest in the monument being erected to his memory and the great medical reform he inaugurated. The committee would report on what has been accomplished.

When the project of erecting a monument to Hahnemann was suggested at Washington, probably nothing more extensive than a bronze statute on a granite base was considered, and would have been deemed sufficient, by most members. For such a memorial to Hahnemann and homœopathy a sufficient amount of money was soon subscribed and enough has already been paid in. The model adopted by the committee embraces much more than a statue. It is a constructure, as you know, of which we may all be proud, as being worthy of the object and an ornament to the City of Washington. While the plans call for a structure of lime stone, the committee decided upon granite as the more enduring material, although at a much greater cost.

The work on the monument is progressing satisfactorily. The statute is about finished in clay, and will soon be ready for the finishing touches at the hands of the artist, when it will be put in plaster, and ready to be cast in bronze Half-life-size sketch models of the four bas-reliefs, representing the four epochs in Hahnemann's life, have been submitted for approval.

The first represents him as a student in his garret at Meissen with his historic lamp on

Digitized by Google

the table before him, poring over his books. The second is a chemist at his laboratory at Dessau with an assistant watching the precipitation of his soluble mercury. The third panel represents him lecturing to his pupils at Leipsic. and here we have anop portunity of introducing portraits of some of his students. The fourth panel represents him at Coethen by the bedside of a child, at whose head stands the mother or nurse, who will probably represent Hahnemann's first wife, of whom we have a portrait.

Full sized models in plaster have been made of all the granite carvings, and at the the close of the exhibition of the Architectural League at the Academy of Fine Arts, in this city, where they now are, will be sent to Portland, Me., where the stone is being quarried.

Our bill introduced in the U. S. Senate by Senator Gallinger, of New Hampshire, and into the House of Representatives by Mr. Dalzell, of Pennsylvania, offering the monument to Congress, and asking an appropriation to build the foundation, was referred to joint committee on library.

In the booklet issued by the committee, which has been distributed among the profession, there was an account of the preliminary work and a description of the monument.

We have received contributions from sections of the country where we scarcely expected there was sufficient interest taken in the undertaking, or appreciation of the method of cure, as would find expression in such tangible form. One physician in one of the smaller cities recently sent a check for $200.00, from one of his lady patients. We have had other lay contributions of $150.00, several of $100.00, and so on down to $5.00. This leads us to think that there are but few physicians throughout the country, who cannot, among their patients raise something for such an undertaking, the beneficient results of which neither the profession nor the public as yet scarcely appreciates.

HENRY M. SMITH,
Sec'y and Treas.

Measels in a Foundling Hospital.—Measels comes as a periodic scourge of terrible violence. For months the institution will be entirely free from it, then an outbreak comes which sweeps off children by the score. A single case having found entrance, it seems impossible to control or prevent its rapid spread throughout the institution. As it extends, all possible complications—pneumonia laryngitis, gangrene—present themselves to add to the distress of its victims and increase the fatality. The virulence of the disease in such an institution as the Foundling Hospital is a striking contrast to its comparative harmlessness outside.

Altogether it is more dreaded than any other disease known among the children. The other infectious diseases show themselves from time to time, but rarely become subjects of great concern.—*Arch. Pediatrics.*

We trust physicians will not forget the Detroit Homœopathic Pharmacy, located at 13 Wilcox St., and now owned by Mr. J. J. Mitchell, who has managed the business so successfully for Halsey Bros.

Mr. Mitchell is a thoroughly conscientious and reliable man to deal with, and is very accomodating. He ows and controls the only homœopathic pharmacy in this state, and it ranks with the best in the country. Homœopaths all over the state are much benefited by the existence of such a pharmacy in their midst. It serves to advertise homœopathy and brings homœopathic converts to them for treatment. Give Mr. Mitchell a fair trial if you have not already done so, and no doubt you will be pleased. Be loyal to our home institution so long as it does business conscientiously and endeavors to to please you.

***

Wood-wool is the most practical of any material in use for making vaginal tampons. Absorbent cotton packs into a hard wad as soon as it becomes moist. Lamb's wool is free from this objection, is very elastic, but not so firm or absorbent as wood-wool.

Wood-wool is firm, elastic and very absorbent, thus possessing qualities which make its use in gynæcological work highly satisfactory.

Because it is so very absorbent it is very useful also in obstetrics and in surgery. If you have not tried it, order some of the wadding and be convinced of its great value.

Digitized by Google

THE MEDICAL COUNSELOR.

A MONTHLY JOURNAL OF HOMŒOPATHY AND COLLATERAL SCIENCES.

OLD SERIES, VOL. XV.
NEW SERIES, VOL. I.

DETROIT, APRIL, 1896. No IV.

ALBUMIN AND CASTS IN THE URINE OF DIABETICS (34 CASES.)

BY CLIFFORD MITCHELL, M. D.,

Professor of Renal Diseases, Chicago Homœopathic Medical College.

Many specimens of diabetic urine respond to Ultzmann's test for albumin. This test as performed by the writer is as follows: the urine being filtered through several thicknesses of filter paper is collected in a tall narrow test tube, the latter being filled about three quarters full. Holding the tube between the thumb and forefinger boil the upper third of the liquid over a spirit lamp or small flame of Bunsen. Boil gradually and thoroughly. Then no matter what happens add 20 per cent acetic acid:three drops if there is no coagulum produced by boiling, six drops or even more if there is. Shake the upper part only of the tube very slightly so as to mix the added acid with the urine. If a turbidity throughout the upper third be seen after boiling plus addition of the acid as directed, albumin is present. If the turbidity can only be seen by holding the tube against a dark back gronnd(as the coat-sleeve) or by holding it below the window-sill, traces only of albumin are present, plain or faint according as seen plainly or with difficulty.

Most diabetic urines will show either a faint or plain trace of albumin and in some cases the albumin is so plainly present as to be seen without need of background or reflected light.

The following are my statistics in regard to the presence or absence of albumin in the urine of 34 patients in which the glycosuria was accompanied by polyuria: * No albumin at all in 8 cases; faint traces only in 7 cases; plain traces in 13 cases; in quantity sufficient to be estimated approximately in Esbach tube in 1 case; albumin not tested for in 6 cases. Case No. 16, woman now dead showed faint trace of albumin four times out of a total of 14 collections of 24 hours urine. Case 25 elderly male now dead, in five collections showed albumin in varying amounts every time, the most being $\frac{1}{40}$ of one per cent by weight, after fasting for ten days. Case 47, man 45 years old weighing 225 pounds,showed trace or faint trace of albumin whenever I examined his urine. Case 57, male about 40, examined twice showed albumin both times.

Casts were found in the urine of 11 patients; were not looked for in the urine of 6 patients. In cases 25 and 45 casts were almost always found whenever looked for. The casts found in diabetes mellitus have been almost always hyaline or epithelial. Granular casts were found in case 36, elderly female, present condition unknown, and case 70, man of 59, weight 170, alive and in good condition after about eighteen months of the disease.

Granular casts I have shown in another article to be found in certain cases of glycosuria without polyuria, so–called diabetes deciprius or symptomatic glycosuria.

Relation of mortality to albuminuria in diabetics:

In the fifteen cases in which I found albuminuria together with sugar and polyuria five are dead, 7 are known to be alive, and from 3, I have no report. It is doubtful whether the occurance of a trace of albumin together with a few hyaline casts is of any significance, though the possibility of slowly contracting kidneys must not be overlooked and our esti-

* Albuminuria in cases of glycosuria without polyuria has been discussed in my series of articles in 73 cases of diabetes in the *N. A. J.* 1895.

Digitized by Google

mations should be carefully made. Case 47, a robust male patient, has been improving steadily for a year past, polyuria decreasing, and sugar disappearing, the latter being now but a trace, shown on cooling of the tube in which Haines's test has been made: nevertheless the trace of albumin is always to be found together with hyaline casts and once or twice finely granular ones. I saw this case first in 1893. He is well so far as his feelings go except for occasional pains in his joints. His urine invariably contains a sediment of uric acid.

A case of this kind must be carefully distinguished from those remarkable cases in which after a while sugar and polyuria disappear but albumin in quantity sufficient to be reckoned at least fractionally in the Esbach tube appears, together with casts, and the patient becomes dropsical and dies. Case No. 3, an elderly gentleman, was an example of this kind. Whether there is greater tendency on part of such patients as have slight albuminaria always during their glycosuria to become nephritic in the end or not I cannot say. This much however has been evident to me that a disappearance of polyuria and glycosuria coupled with increased albuminuria and presence of granular casts is an unfavorable sign.

I had opportunity once to examine the urine of a patient dying of diabetic coma not 24 hours before death: there was no sugar at all to be found but albumin was plainly present and the sediment contained a large number of coarsely granular and fatty casts. The diagnosis of diabetic coma was made because the case for a long time had been plainly one of diabetes mellitus, but the cause of death was probably uraemic coma from nephritic complication. I did not see the patient and do not include the case among those discused here since I never found sugar in the urine, not having had opportunity to do so.

In another case I tested the urine of a physician for sugar and found several per cent. He was well enough at the time to call at my office. He died however, within a few weeks and I am told that albumin and numerous granular casts were found in his urine.

Case 13, a young lady was polyuric when I saw her but I have no record of albuminuria or presence of casts. She became however, œdematous and died, and I incline to the opinion that nephritis complicated her disorder.

Case 20, an elderly physician died with symptoms suggesting uraemia. He had enlarged prostate and there was always considerable pus and plain traces of albumin in his urine.

Case 39 a gentleman about 45 died comatose he had hæmatemesis a week or two before death. I found the usual trace of albumin and a few hyaline casts but he passed enormous quantities of urea (over two grams) in 24 hours so that it is difficult to find any uræmic connection with his disorder.

The usual constituents of the sediment when casts are present are *penicillium glaucum* (spores, and mycelium) uric acid crystals and calcium oxalate. Uric acid was found in the sediment of 11 collections. Calcium oxalate was found in the sediment of one case. Pus was found in several collections, accounted for by local conditions in the lower urinary tract.

The points brought out in this article may be summarized as follows:

1. Ultzmann's test as performed by the writer shows a trace of albumin in the urine of many diabetics.

2. Hyaline or epithelial casts are frequently found in the urine of diabetics in which Ultzmann's test shows traces of albumin.

3. Traces of albumin together with presence of a few hyaline casts seem not to be of significance in diabetes though the possibility of slowly contracting kidneys must not be lost sight of.

4. Granular casts are seldom found in the urine of those having glycosuria with polyuria, and their significance in the only two cases seen is not known.

Digitized by Google

5. Granular casts together with albumin in quantity sufficient to measure by use of the Esbach tube are more frequently found in cases of glycosuria *without* polyuria.

6. The disappearance of sugar or the great reduction in quantity of sugar together with advent of albumin in quantity, and with appearance of granular casts in the sediment is a distinctly unfavorable sign.

7. Patients who have been diabetic for years may finally lose the marked characteristics of this disorder and die of Bright's disease, with perhaps no sugar or a trace only of sugar to be found in the urine.

10. It follows that apparent "cures" of diabetes mellitus so far as the urine goes must not be dismissed from attention as long as the patient's subjective symptoms are unfavorable.

11. While no great therapeutic gain can yet be made by differental diagnosis, between diabetic coma and uraemic coma in diabetic cases nevertheless from the stand point of careful study it should not be assumed that a patient formerly diabetic and now comatose is dying of diabetic coma, unless the well known symptoms of diabetic coma, acetone order of breath, ferric chloride reaction, etc., are present.

A CASE OF RHUS POISONING AND A REMEDY.

BY J. W. DOWLING, M. D.,
Adjunct Prof. of Practice, N. Y. Hom. Med. College.

The case of Rhus poisoning I am about to describe was under observation from beginning to end and came about in the following manner. The patient, a middle-aged man suffering from Bright's Disease, but not seriously incapacitated for business consulted me with regard to an inflammation of one of his toes which had resulted from a slight scratch with the blade of a knife. Several days after this trivial injury I found a small abscess at the root of the nail, which was opened, and after being cleansed was packed with a small piece of gauze and carefully dressed. For a day or two it seemed to improve but suddenly after the patient had attempted to attend to his usual business duties, with a considerable amount of walking as an accompaniment, the inflammation began to spread, and in 48 hours involved the adjoining toes and spread to the sole and instep. There was considerable oozing of serum with formation of bullæ and maceration of the epidermis with great and constant pain. It so happened that the appearance of the skin, the character of the pains and the general constitutional symptoms seemed to indicate *rhus toxicodendron* as a remedy. It was therefore prescribed, 3 drops of the tincture in two-thirds of a glass of water, a teaspoonful every two hours. I gave the drug thus low, with considerable confidence having in ten years seen most of my best results with *rhus* after its administration in this manner without a single case of aggravation of symptoms.

The following day word came from the patient that the foot was very much worse and on calling I so found it. The whole foot was swollen greatly, it was intensely hot, the skin of the toes and instep was elevated into huge blisters some of which were discharging a thin ichorous fluid and the patient complained greatly of drawing and tearing pains which made sleep impossible and often caused him to cry out in agony. Discontinuing the *rhus* and ordering cooling applications with some appropriate remedy I awaited developments. The next day the foot was worse. It had taken on a pale bluish color, and the fluid in the blisters had become sanguineous. There had appeared in addition, a vesicular eruption which rapidly spread over the whole body, with the most agonizing and constant itching. This made the condition clear, and relieved the fear of a possible gangrenous foot, which had begun to cause me uneasiness. The object now was to relieve the terrible itching and the terrific pains in the foot. For several days internal remedies and external applications with and without cocaine and laudanum were of no avail. The foot was looking better but the pain continued,

Digitized by Google

and above all the itching. Itching everywhere and all the time; the patient could get no sleep because of the uncontrollable desire to scratch.

At this time, quite by accident I obtained a remedy the effects of which were so magical that I was prompted to give them for the benefit of other sufferers. In conversation with a student while speaking of ivy poisoning he described how in the country when the boys developed the poison ivy eruption as was often the case, it was their custom to gather the so-called "Blood Root," *sanguinaria canadensis*, and rub it on the affected parts with the result of invariably relieving the itching and burning. Entirely sceptical as to its efficacy in my case, but willing to try it in response to the patient's demands for something, anything, to stop the itching. I took some of the tincture and painted the foot and other regions where there was the most distress. On calling next day I was greeted with the remark "Well doctor you have hit it this time," and was informed that the application had indeed acted like magic. It had relieved the itching and burning for hours, and several applications had made possible a restful night.

I ordered its continuance and as long as the eruption remained some two weeks or more, the itching could invairably be controlled by the application of the *sanguinaria*. Not once after its first use, was the itching so severe as during the three days previous. The provings of this drug show little in connection with the skin. Allen's *Handbook* gives us "Ulcers around the nails and renewed itching of old eruptions" whether exhibited internally, it would prove as efficacious remains to be seen. I shall certainly prescribe it in the next case of ivy poisoning I see, and failing improvement shall paint it on freely feeling confident that it will give relief.

Dr. Crumrine, of Battle Creek and Dr. Frank McGuire, of Alpena visited the COUNSELOR last week.

THE LARGE FLAP TRANSPLANTATION BY PEDICLE.

BY CHAS. S. MORLEY, M. D., DETROIT.

The methods of Reverdin and Theirsch are accepted as classical and generally speaking, they are admirable. In my opinion the credit for priority belongs to America in this as in many other surgical procedures now credited to Europe. This is also true of "transplantation" and "transportation" of large flaps of skin. But the question of priority is never so great as that of utility and need not be discussed.

There can be no question of the utility of either of the methods indicated if they can be used, Much depends then upon being able to get the materials for the work and it is not always easy to borrow good material. Careful observation of epidermal grafting shows that grafts taken from the patient succeed better than those taken from another person—in proportion of more than two to one. Grafts from the young and vigorous, even from the still-born babe, do well. (Embryonic tissue and granulation tissue have something in common.)

But cases present, in which epidermis is not sufficient, nor grafting by the method of Reverdin adequate. What is required is replacement of the parts lost, structure for structure,and nothing could be more surgical. The difficulty then is, to get the material and a perfect technical management.

The first condition of success is asepsis -- something hard to get and keep in borrowed skin placed on a wound. And here is a chance for a splendid biological study, for I imagine it difficult to so sterilize living skin, that upon removal and testing,it will fail to produce in a suitable soil plenty of microbes.

And yet it is in these cases that we must avoid the more efficient chemical antiseptics, such as the bi-chloride solutions for they coagulate albumin and entangle newly formed embryonal cells, arresting their nutrition and growth. The normal saline solution (Theirsch) is adapted to keeping the contents of the cells

Digitized by Google

intact and thus to prevent dessication.

When from injury or disease, a surface needs to be covered with skin, two questions present themselves.

First—Shall we wait for granulations on which to place small grafts of skin or epidermis?

Second—Shall we borrow sufficient skin, and put it in place of that which has been lost at once?

The first method is adapted to common injuries, such as those produced by burns of the third degree, and for covering other surfaces exposed by violence where the subjacent tissues are not liable to contractions and where the parts are not likely to be exposed to view.

Indeed, very extensive surfaces may be rapidly and satisfactorily covered by placing minute epidermal grafts from one half inch to one inch apart, provided the distance from the margin of the living skin does not exceed one inch.

A graft thus placed grows and forms a little island of living skin reaching out toward the normal skin border from whence new cells are seen to extend toward it and form an isthmus across to it. Thus the several islands form radiating extensions toward each other and toward the skin margin, new embryonal and epidermal cells multiply and extend the several surfaces until they coalesce into one contiguous surface of dermal growth allied to true skin, but in several anatomical situations, particularly of the neck, face forehead and scalp dermal growth of this character is not free from blemish.

In large ulcers, wherever situated on the surface of the body, epidermization is neither as rapid nor as satisfactory, in my experience as in skin "transplantation" or transportation."

In a case of lost scalp which occurred several years ago in my service at the Grace Hospital all of these problems and several others presented themselves for consideration.

The publicity given the case by the public press had the effect of bringing me a very large correspondence, mostly from humane physicians and eminent surgeons, both in this country and in Europe. Upon reflection at this late date, I feel that this correspondence is too valuable to be lost and I hope sometime to collate the many suggestions made, some of which were novel, many of them ingenious, and all interesting, that they may be preserved for extra-ordinary reference

The suggestions as to materials comprise the following:

First—human skin from amputated limbs, still-born children, and from a healthy corpse, the victim of accidental death.

Second—The skin of animals, such as the rabbit, dog, sheep, and birds.

Third.—The skin of frogs.

In this case, the frontal and parietal bones were completely denuded, so that the external table exfoliated. There were two hundred forty square inches of lost surface, extending from the middle of the eyelids to two inches below the occiput, three and one half inches below the mastoid, extending from this point in nearly a straight line to the external canthus of the right eye. The left ear, with about one half inch of scalp three inches long, marked the limits of the wound on the left side.

The first indication for repair was met by transplanting forty-five square inches of skin attached by a pedicle and containing a branch of the external mammary artery derived from the body of the little girl's sister who took the place of her mother—a woman with large pendulous breasts who had consented to have this operation done for the benefit of the child.

The first object of this proceedure was to speedily get a covering for the vessels of the neck and the side of the face, both for the present comfort of the patient and against deformity from contraction.

It was evident that the bare skull could not support living tissue and months had to elapse before it separated. The separation was facilitated by drilling holes through the external

Digitized by Google

table through which granulation tissue sprang up. They also afforded drainage for the disintegrating bone, stripped of its nutrient membrane.

Here, then, was a combination of circumstances which precluded the possibility of a rapid success, and which offered a constant menace to the integrity of the work already successfully done. Great patience and perseverance and no little ingenuity on the part of nurses and assistants were required to dress and position this poor child so that life could be made tolerable. On the whole, she was made very comfortable from first to last.

Upon so large a surface presenting such difficulties, opportunity was offered for trying all of the suggestions, so that simultaneously the several kinds of material were often used. I think now, that the reason that some of them failed was not through any fault of the methods, nor of the dressings but through low vitality of the tissues feebly supplied with blood vessels in a patient greatly debilitated by so terrible an injury and by the protracted process of bone exfoliation.

The greater portion of the work was done by Dr. R. H. Stevens and Dr. S. H. Knight who carried out the several indications to a successful issue after the long period of over two years.

Many of the operations which proved failures taught a lesson of what might be occomplished under more favorable conditions. Especial mention should be made of the transplantation of a large flap from the abdomen of a puppy by pedicle, which promised success up to the third day, when the dog which had been apparently comfortable up to that time died suddenly. Regarding the experiment necessarily a failure under such circumstances the skin which was firmly attached and required some force for removal, was taken off.

In this case, auto-grafts and grafts from the sister did the best. The next best were those from healthy young women, next best, the skin of the dog and rabbit. The results with frog skin, were unsatisfactory as were those made with the skins of birds. Sponge grafting followed by epidermization was of service in several areas of denuded bone. It should be remembered, however, that many of these operations which failed in part or wholly would have been successful in other situations.

Upon the extremities and in places well supplied with bloodvessels there is little difficulty in following the technique and methods of Thiersch, but cases sometimes arise when flap transplantation by pedicle might yield better results more speedily. Such a method is not entirely novel although I believe this is the first case where two bodies were thus united, but I took my idea from such operations as taking a flap from the forearm by pedicle, as in the Indian nose operation, the operation of a raised flap through which the arm is placed, and an operation by Dr. Frank Hamilton through which the flap was taken from the right leg of the patient to cover a surface on his left leg, this latter being, I believe, the first operation of the kind.

NEUROPHILIA (?)

BY HOWARD CRUTCHER, M. D.,

CHICAGO.

The word neurophilia is used because it represents a condition of the nervous system corresponding to hæmophilia in the vascular system. It is employed without affectation, and with no desire to appear learned or extra-studious. That surgeons recognize the condition I do not doubt. It is my purpose to illustrate it with some clinical reports.

A married woman of 34, mother of two children, came to me from Kansas for treat-

Digitized by Google

ment for uterine and ovarian disease. Examination revealed growths within the abdominal cavity and a laparotomy was decided upon. I sent her to the Hahnemann Hospital, where, with the assistance of Prof. Chislett and Dr. Galloway, the abdomen was opened, two cystic ovaries removed, and a dense fibroid about the size of an ordinary orange enucleated from the broad ligament. The bleeding was not severe, but the shock was tremendous it was so great, in fact, that the oozing surfaces were packed with a gauze tampon and the abdomen closed rapidly to prevent collapsed on the table. The patient did not rally. Within five hours she was bleeding again. Never were the advantages and resources of a great hospital better illustrated. Prof. Shears was near at hand, and together we removed the packing, clamped the broad ligament, and gave the patient about three pints of hot saline infusion through the median cephalic vein. The pulse responded promptly enough, but the patient herself did not. She died in 17 hours after the operation. The hemorrhage was not excessive, and whilst not a decisive factor in the case, was at least of some importance when taken in connection with the excessive shock. But it was the shock that killed. I believe that an operation of one-fifth the severity of the laparotomy would have been fatal. The patient required an excessive amount of chloroform, but at no time did the anæsthetic cause the least apprehension.

This case was a bitter surgical disappointment. The patient had for years been excitable and irritable on account of neglected uterine lacerations and her vital resistance was so low that any amount of surgery would have given serious, if not fatal trouble.

Case 2. This case did not occur in my own practice, but as it followed the day after the case just reported the lesson was greatly emphasized. A distinguished surgeon asked me to assist him in a vaginal hysterectomy. The woman was 25 years old, and when I saw her I remarked that I was glad to see another patient who could withstand ordinary surgical shock. But in this prediction I was mistaken. She bled pretty freely but not alarmingly, and came within an inch of dying before we could get her from the table and into bed. We practiced artificial respiration, raised the foot of the bed, and finally succeeded in prolonging life for a few hours. But that was all. It was another foredoomed case. It was shock. The quantity of blood lost was not unusual, and the shock was out of all proportion to the severity of the work done. In this case a very small quantity of chloroform was used, the patient was tranquil and without apprehension. But the result was the same as in the first case.

Case 3. A boy of 14 demanded a general anæsthetic before he would submit to circumcision. Ether was given. He took it beautifully. A small quantity was required to produce and maintain perfect anæsthesia. The operation was done quickly and was almost bloodless. But the shock was so great that I became thoroughly alarmed. It lasted for several hours, and would have proved fatal without prompt treatment. No clamp was used; adhesions were very slight; and the only unusual disturbance that I noticed was when the fraenum was cut and the artery tied. The patient promptly recovered.

These cases are not confined to the practice of any one man. Everyone is acquainted theoretically at least, with hæmophilia. It is a condition that must be considered when we figure on ultimate results. The hæmophiliac dies. My belief is that the neurophiliac is his brother, and that both are doomed when given half a chance. A slight cut will kill one from bleeding, a small wound will destroy the other from shock. Neither condition is common in this country.

Whether neurophilia can be diagnosed before operation is the question. Hæmophilia is generally heard from on the post-mortem table. So I think with neurophilia. I once

Digitized by Google

treated a case of hæmophilia where, after all my efforts had been in vain, the blood stopped of its own accord and the patient got well. Perhaps neurophilia is as dangerous and intractable as "constitutional bleeding."

As for symptoms, I may mention the well known short, jerky respiration as indicative of dangerous shock. The patient who breathes in this manner is very near fatal collapse. Either the operation must be at once suspended, or the most energetic measures must be taken to prevent the utter failure of the vital powers. If the abdominal cavity is open, flush it with saline solution at a temperature of 105°, and put hot water bags in the axilæ and around the extremities. If working in the triangles of the neck, or near a great nerve trunk, flush with hot water. I can testify to the efficacy of this treatment. But as faithfully as we may work, the chances are always against us in these "foredoomed" cases, and we shall now and then have to report a death from really unnatural causes. It is fortunate that cases of the kind are so rare.

103 State Street.

THE NEW OPERATION FOR THE PREVENTION OF BAD SYMPTOMS AFTER THE REMOVAL OF THE APPENDAGES FOR DISEASE.

BY PROF. M. M. PARMELEE, M. D.,

Prof. of Gynæcology and Obstetrics Hom. Med. Dep't. University of Michigan.

The very frequent occurrence of bad symptoms, in those women who have been obliged to undergo an abdominal section for pyosalpinx, hydrosalpinx, tubo-ovarian abscess and allied conditions has in a measure thrown some discredit upon operations for these diseases. Such women have had in the past, a certain amount of relief from former symptoms only to meet with after a year or more a new and exceedingly annoying set of afflections chief among which have been backache, leucorrhœa and pelvic pains.

Anyone at all familiar with gynæcological operations will recognize the combination and know that all of us have been at a loss to understand and to unravel the cause or causes of these sufferings. The cause has by some been supposed to exist in the endometrium or the uterine muscularis. Others have laid it to additions about the stumps of the appendages. Some to irritation or sepsis about the ligatures and again others have laid the mischief to a fancied pinching and torture of some sympathetic nerve filaments.

Unfortunately for most of us, when these bad symptoms begin to occur the patient disgusted with the former efforts for her relief, flies off to consult some other surgeon or gynæcologist thinking that a failure had been made in her particular case.

During my recent visit to the eastern hospitals I found several gynæcologists performing always a uterine ventro-fixation before closing the abdominal incision after removing the appendages. Upon inquiring I found that they were of the opinion that these bad symptoms mentioned, were due in most of the cases to uterine flexions, from the non-support of the fundus allowing it to fall and they expected perfect results by thus fastening the womb.

In my own cases in the past I had noted the frequency of flexions, but had not regarded them as being due to faulty technique in operating or as being so provocative of annoying symptoms as to constitute the rule *and to be provided against at the time of initial operation.*

Yet, on thinking it over carefully the more apparent it has seemed to become to me that here is the true source of many patients discomfort and discontent.

Therefore, I have formulated for myself the rule. After the removal of both appendages for disease complete the operation by fixing the fundus uteri in some one of the well known ways, in order to prevent secondary symptoms due to its malposition. Now of these fixation methods the gynæcologist will undoubtedly choose the one with which he is individually best acquainted wherewith

Digitized by Google

to complete his operation.

These are in their order of frequence

1. Hysterorrhaphy—or ventro-fixation.

2. Gill Wylie's method of shortening the round ligaments by folding them out and suturing.

3. Dudley's method of doing the same thing by doubling them in and suturing.

The abdomen being already open it is useless to even consider Alexander's operation.

These three methods have the disadvantage that they each consume quite a few moments of valuable time, and to enter upon them at the close perhaps of an already long and serious operation might be jeopardizing the patients life.

There is a better and a quicker way. Having already employed it in two cases I can testify to the fact that it does not prolong the operative measures for even so short a space of time as a single moment. Time enough has not yet elapsed in either of these cases for me to judge of its lasting effect and yet the first case in which I used it (now about 60 days) the fundus uteri swings where it should and resists quite forcibly any effort at displacement.

The manner is as follows: Having drawn up the tube and ovary to be removed—carefully locate the round ligament of that side and in passing the ligature-carrier through the broad ligament *be sure and go beneath the round ligament*. Then see that your ligatures do not cross or interlock before tying. As might be expected when you do tie, the round ligament will be carried over to the ovario—infundibular ligament containing the ovarian artery and there tied—putting it upon the stretch and confining it. If then in cutting away the ovary and tube—you are careful *not* to divide the round ligament you will have provided a guy-rope to control the fundus a similar procedure upon the opposite uterine ligaments and the uterus will be fastened without an instants delay, or without any dragging upon the anterior abdominal wall. And in all probability the backache—the leucorrhœa and the pelvic pains will never make their appearance.

March, 24th, 1896.

Toledo, O.—Ann Arbor Mich.

Materia Medica.

Conducted by M. W. Van Denburg M. D. and R. M. Richards, M. D.

Applying The Law.

To get a clear idea of an *assemblage of symptoms* is not a difficult matter in the case of natural sickness, neither is it difficult in an actual case of drug-sickness.

What is difficult, is to construct a *consistent* pathogenesis from our present drug-record to match the disease.

It is not so much a question *of dose or of remedy.* Some drugs seem to act best low, some high, but if the degree of similarity is remote the beneficial effects will be still more remote. If the similarity is close, the aggravation need not worry you, provided you do not continue to repeat the dose. In case it does appear from using too low dilution, usually one dose of high potency will set things to rights; or, better let the aggravation die of itself, as it will in most cases in a few hours.

It does not matter whether you call the power that benefits your patient *dynamic energy or healing power,* or any other name; what you call it, neither helps nor hinders its effect upon your patient. Hahnemann has said, "I attach no value whatever to any explanation that could be given on this head," (how drugs effect a cure.) (exct. 28 Organon) It would have been well had he stopped there and not wasted pages of words in explaining a theory of how drugs effect a cure. In a similar way much valuable space, time and energy is being wasted today in the same bootless pursuit.

Absurd also is the statement, that every diseased condition presents a picture to which a corresponding picture may be found in the provings of ome remedy.

If that is the case now, why prove any more drugs? When did we reach this desirable limit?

Digitized by Google

Much nearer the truth is the statement, that we often meet cases which cannot be exactly duplicated in the provings. Here we are fortunate if we get an agreement long enough to hold two or three *concomitant* symptoms.

We shall improve our patient, if we do not cure him with this prescription, providing they are leading and characteristic in both cases.

M, W. V.

How frequently our study of Materia Medica and the selection of the similimum is antidoted or counteracted by unreliable drugs.

It seems as if it requires the constant "nagging,' on the part of our journals to awaken in many of our pysicians sufficient interest in the quality of their medicines.

How many of our so-called tinctures are mere "alcoholized" fluid extracts.

How often are our triturations made from American Sugar of milk instead of genuine Saccharum Lactis, the crystals of the former not being hard enough to thoroughly break up the molecular particles of the drug.

How predominant the custom of potentising by guess work—simply pouring in a little of the tincture and then approximate the nine times this quantity in alcohol with total disregard of the drug power of the tincture and the rules laid down by our pharmacopœa.

R. M. R.

Correspondence.

Removal of the Homœopathic College.

To the Editor of the Medical Counselor:

I am still deeply interested in matters pertaining to homœopathy in Michigan, particulary college matters, and am glad to see the columns of the resuscitated "MEDICAL COUNSELOR" open for discussion on a subject so near the hearts of all lovers of truth and equity. I read the articles in the last issue by Dr. Nottingham and "Michigan," with interest and if you will allow me, I should like to say a word on the same line.

I was a member of the homœopathic faculty at Ann Arbor long enough to learn a few things connected with the so-called Homœopathic College of the University of Michigan. I say "so-called" for in reality there is no such thing there. On the campus is a building called the Homœopathic College, but the regents have allowed the dean of the old school medical department to preempt claim after claim until what was originally intended for the homœopathic department is almost completely swallowed up by the old school and the homœopathic faculty with their students are merely tolerated on their own ground. I learned too, that the homœopathic faculty have very little, if anything to do with the success or non-success of the school being relieved of nearly all responsibility by the board of regents and dean of the old school faculty. I know from history that this was the condition of affairs long before I became connected with the institution. I know from personal experience and observation that this was the condition while I was there and I know that the new faculty, I care not how religiously they work "have not done any miracles:" and conversion of the board of regents would be on the miraculous order. It is plain to me that "Michigan" is right and that the same condition of affairs pertains to history. The *entire* removal from the atmosphere of Ann Arbor is the only thing that will save the Homœopathic College from utter annihilation. Almost to a man the profession stood by Dr. MacLachlan and myself last winter and the bill removing the college to Detroit was passed and became a law, but the board of regents, instead of accepting this as a happy solution of a vexatious problem, immediately took steps to oppose it. Individually, the regents declared, as many of the profession know, that the removal to Detroit would "be a good thing for the Homœopathic College"—collectively, or as a board they de-

Digitized by Google

cide exactly the opposite, and bring up technicalities of law: they say the bill is unconstitutional, because the governor signed it with his left hand, or some equally foolish reason. Fortunately, their *is* a power in the state greater than the board of regents, and that power decided in favor of the bill. I believe that same power will stand by the right, and down them on every technical point they raise, if the profession stand together as they began a year ago. It will require work and organized work to do it. Lethargy and folded hands will not move the college to Detroit, but a steady pull a "pull altogether" *will* move it.

Now, Messrs Editors, the American Institute of Homœopathy, the grandest organization for good on the face of the earth, will meet in your beautiful city this year and the mere presence of such an organized body of men and women will do wonders for the cause of homœopathy in your state. I would advise each and every member of the homœopathic profession in Michigan to stand by the American Institute in any action it may take regarding the college matter, for that organization takes an interest in the homœopathic college of the U. of M. which cannot be shaken by the board of regents. It stands by the college first, last and all the time. It stands by the removal plan because it thinks it will place the homœopathic department on at least *equal* grounds with the old school; and it will stand by you in every honest effort you make to bring about the wishes of the people. Any effort made by individuals to show that the college is *now* a success at Ann Arbor, or can ever become a success there will not go down with the American Institute and if every one of you in Michigan will stand by its actions you will come out on top.

Wishing you every success in your efforts.

I am. Yours fraternally,

M. P. Hunt.

Columbus, O., March 1st. 1896.

Editors of the Counselor.

I congratulate our profession on the result of its united effort both in the gain in the U. of M. question and the new "COUNSELOR" which is before me. If it continues as it has begun with the growing spirit belonging to its founders its success is assured.

I enclose a two years subscription ($3.50) wishing you abundant prosperity.

Fraternally,

Sara J. Allen

Charlotte, Mich.

International Homœopathic Congress London Aug. 3, 1806.

The International Congress has been postponed till Aug. 3. This committee desire to announce that it has made the following arrangements for transportation to and from the congress. The White Star Steamship *Britannic* sails from pier 45 North River, New York, on Wednesday July 22, at 10 a. m. and is due in Liverpool on July 30, giving ample time for a run through the Shakespeare Country before the meeting. Accommodations for a limited number have been secured on the steamer. The return trip may be made on the *Britannic* or *Germanic*. The following are the rates: $104, $117.50 and $131, for the round trip according to accommodations. If the return trip be made on the *Teutonic* or *Majestic* a differental rate will be required. The following is the sailing list of the White Star Line from Liverpool Oct. 1.

Germanic, Aug. 19. Teutonic, Aug. 26. Britannic, Sept. 2. Majestic, Sept. 9. Germanic. Sept. 16. Teutonic, Sept. 23. Britannic, Sept. 30.

Another most attractive and interesting route is recommended by the committee. The *Dominion Line and Steamship Co.*, running between Montreal and Liverpool have offered superior accommodations at reduced rates on their fast and popular steamer *Labrador* sailing from Montreal at day break on July

Digitized by Google

25. This line offers the round trip for $100. outside rooms.

The sail down the, beautiful St. Lawrence river, a visit to Quebec, so full of historical interest, a thousand miles less of the ocean are all special features which should commend this line. The landing is made at the Riverside Station in Liverpool, and special train for London always leaves within an hour after the arrival of the *Labrador*. The fare being about $4.50. The following is a list of the return sailings of this line:

Vancouver, Aug. 27. Scotsman, Sep. 3. Vancouver, Oct. 1. Scotsman, Oct. 8.

The new steamer *Canada* will sail on the 10th. or 24th. of September.

It is expected that this steamship which is now building the largest and finest steamer that ever entered the St. Lawrence will have taken her place on the line before the Congress meets, in such case if dates suit arrangments will be made to change to that ship. The Dominion Line also offer to allow the transfer of tickets between members thus allowing those sailing on the *Britannic* to return via Montreal. The benefit of going one way by each route will thus be had. Montreal is as easlly reached from the west and New England as is New York. This company has given us the lowest rates and the best accommodations. Extra rooms can be obtained at a trifle extra cost. That members will receive the best of treatment from them goes without saying, they are working to secure a share of American trade and are soon to put on an entirely new fleet of steamers. The *Canada* the first one is now about completed.

The following letter will explain what arrangemnts have been made in London for the entertainment of members.

55 Queen Ann Street,
Cavendish Square W. London.
Dr. W. A. Dewey Jan. 21, 1896.
Sec'y. Internat. Homœo. Congress.

Dear Sir:—I have not replied to your note of Nov. 13 before this as I have been making arrangements for the meeting and the reception of our American Colleagues in London. The following arrangments have been made:

The meeting will take place at the Queen's Hall Langham place in the "Small Hall." The evening of Aug. 3 Monday will be set apart for a reception of the members of the Congress by the officers in the Hall above mentioned. The Board of management of the London Homœopathic Hospital have kindly put the Board Room at the disposal of the members of the Congress in the mornings for sectional meetings. As regards Hotel accommodations at the Bedford Hotel 93 Southampton Row Holborn; the temperance Hotel, Montague House, Montague St. Russell Sq., board and residence can be obtained at the rate of from 7.s. a day if a residence of a week is made but not for shorter periods and only on giving notice before hand that these terms are required. At the' Inn of Court Hotel" Lincolns Inn Fields and Holborn, a most substantial and excellent Hotel in every way, full board and residence can be obtained for 12. s. a day for a week or less than a week or bed, breakfast and attendance at the rate of 7. s. a day. I can thoroughly recommend the latter place, it is conveniently situated moreover being within easy reach of the hospital and seven minutes "bus" ride of the Langham Hall.

Yours sincerely,
Dudley Wright.

It is most important that those contemplating the trip notify the Secretary of this Committee at once and also the date of their return passage. Berths can only be secured by a deposit of $25.00. Further information cabin plans of ships etc., may be had on application to the Secretary.

Respectfully Submitted Com. on International Congress.

W. A, Dewey, M. D., Secretary.
170 West 54. N. Y.

Centennial Addresses on the Law of Similars.

TO THE MEDICAL COUNSELOR—The three addresses on the law of similars, provided by order of the American Institute of Homeopathy for the centennial celebration at Detroit next June, will be delivered as follows:

1. "The Logical Basis of the Law of

Digitized by Google

similars; Does it Commend Itself to our Reason?" By Richard N. Foster, M. D., Chicago, Ill.

2. "The Experimental Demonstration of the Law of Similars; Can its Existence and Operation be Proved?" By M. W. VanDenburg, M. D., Fort Edward, New York.

3. "The Clinical Efficacy and Superiority of the Laws of Similars; It is a Reliable Guide in the Practice of Medicine?" By John P. Southerland, M. D., Boston, Mass.

These three addresses are designed to include and constitute a re-examination of the basis and ground-work of homeopathy, instituted after a hundred years of experimental probation and in the light of modern knowledge. They will be of a rigidly scientific character and will present not a mere mechanical recital of facts and statistics but a philosophic review and discussion of the subjects treated, and will be absolutely free from undignified statements and uncourteous allusions. They will undoubtedly form one of the most attractive features of the Detroit meeting.

Pemberton Dudley, M. D.
President American Institute of Homœopathy.

Practitioners Club.

The Practitioners Club met Thursday evening March 19th, Dr. MacLachlan suggested the advisability of reorganizing the club with permanent officers to be elected at each annual meeting. After discussion Drs. Stevens and Kendall were appointed a committee to draft a plan of reorganization and submit it at the next meeting of the club. Dr. Mary Willard read a comprehensive paper on "*Silica*" from a therapeutical stand point. Dr. Wilson was appointed chairman for next meeting.

At the regular meeting of the club April 2nd the committee appointed to draft the plan of reorganization submitted their report which, among other things, suggested that the name be changed to "Detroit Homœopathic Society" and that the Society have a President, Vice-President, Sec-Treasurer, and Executive Committee to be elected annually. After discussion the report was on motion laid over for further discussion at next meeting. Dr. R. H. Stevens was appointed delegate to the American Institute of Homœopathy. Dr. S. H. Knight read a carefully prepared paper on "*Hepar Sulph.*" This was thoroughly discussed, the members present reporting cases in which they had given *Hepar* with good results. Dr. Knight was appointed chairman for the next meeting. The programme for next meeting will consist of a paper by Dr. R. H. Stevens entitled "A Few Public Health Suggestions," and a paper on *Natrum Mur.* By Dr. Kendall.

E. J. K.

The Annual Report of Grace Hospital.

The annual report of the Grace Hospital recently issued by the Trustees contains facts interesting to many of our readers.

There were remaining in the Hospital on December 31st, 1894, 36 patients. There were admitted during the year 987 patients; the whole number treated was 1,023. Of these 980 were discharged, leaving 43 under treatment December 31st, 1895.

The average length of treatment of each patient was 25.05 days. The average number under treatment each day was 57.97, the largest number any one day being 73, and the smallest 36.

The cost of maintenance per patient per day was				$1.716.
" " " " person " "				.7573.
" " " " " "				.2412.
Total number of meals furnished				150 690.

In the dispensary were treated 2,026 new cases. Total visits 6,108. Prescriptions 4,180

The Ambulance made 635 runs.

The expenses of the Training School were $4,005.14. Earnings, $2,497.50.

Total expenses, $38,042.48. Total earnings, $20,050.61. Income from Endowment $18,-205.40.

Surplus $213.53.

The patients were distributed among the different departments as follows, Medical 373, Surgical 427, Gynæcological 171, Obstetrical 27, Opthalmic 25.

Number of deaths, 80.

Digitized by Google

Percentage of deaths, 7.8 per cent.

Percentage of deaths, deducting 14 moribund cases dying within 24 hours after admission, 6.5 per cent.

Percentage of deaths, deducting 15 moribund cases dying within 48 hours after admission, 5.8 per cent.

Highest number of patients in Hospital, 73 on April 29.

Lowest number of patients in Hospital, 36 on December 31.

Average number of patients in Hospital, 57.97.

Average number of days for each patient, 25.50

Number of cases treated in the Dispensary, Medical 495, Surgical 458, Gynæcological 214 Opthalmic 225, Dermatological 79, Laryngological 327, Children 226, total 2,026, total number of visits 6,108.

Among the list of diseases treated we notice 15 cases of typhoid fever; 23 cases of malarial fever; 15 cases of tuberculosis; 33 cases of rheumatism; 33 cases of croupous pneumonia; 19 cases of acute alcoholism; as well as several cases each of syphilis, erysipelas, septicæmia, carcinoma, cholera morbus, gastritis, gastric ulcer, enteritis, tonsilitis, aortic and mitral diseases, asphyxia, asthma, bronchitis, laryngitis, pleuritis, nephritis acute and chronic, cerebral paralysis,meningitis, locomotor ataxia, neurasthenia, multiple neuritis, myelitis, opium poisoning, diabetes mellitus etc.

There were performed some 516 operations including 7 laparotomies for appendicitis, 9 amputations of the breast,54 curettings of the uterus, 43 dilitations of cervix uteri, 50 laparotomies for ovarian and tubal disease, 30 trachelorrhaphies, 45 operations for hemorrhoids, 39 perinæorrhaphies, 5 for cataract, 7 iridectomies, 3 operations for mastoid disease, 7 vaginal and 4 abdominal hysterectomies, 7 operations for radical cure hernia, amputations of the shoulder, arm,forearm, hand,hip, thigh, leg and foot, and many other operations upon various parts of the body.

THE TRAINING SCHOOL REPORTS.

Nurses in school December 31, 1894....33
Graduated in 1895.....17
Dismissed or rejected..... 7
Admitted on Probation.....39
Accepted.....17
Rejected.....22
In Residence December 31, 1895.....33
Average number during 1895.....33
Number of Graduates since 1891.....76

All pupils entitled to a diploma, and having furnished further evidence of morality, capability and trustworthiness, at the termination of their services in the Hospital will be given a badge when they go out. The Training School Committee reserves the right to recall the badge from any graduate who, in their opinion, shall in any way or at any time, bring discredit upon himself or herself, the profession, or the School.

For the first year, female pupils will receive tuition free; and for their services for the remainder of the term, a remuneration of One Hundred Dollars at the end of the two years' course and graduation. Male nurses will receive $10 per month for first 12 months after acceptance and $12 per month thereafter. Board, lodging and washing (21 pieces per week) will be furnished, and to female nurses uniforms, including regulation caps, three dresses and twelve aprons per year, without charge.

An Act to Regulate the Practice of Medicine in the State of Ohio.

On Feb. 27 '96. the legislature of Ohio passed an act regulating the practice of medicine. The main features of this act we give for the benefit of our readers. The governor shall "appoint a state board of medical registration and examination consisting of seven members." Their term of service is to be seven years, They "shall be physicians of good standing in their profession, representation to be given to schools of practice in the state as nearly as possible in proportion to their numerical strength in the state but no one school to have a majority of the whole board," The board is to elect one of their number president and another treasurer. A

Digitized by Google

physician in good standing not a member of the board is to be elected secretary at a salary of $1.500.00. Members are allowed $10 per day and expenses. Stated meetings are to be held at Columbus four (4) times a year.

"No person shall practice medicine, surgery, or midwifery in this state without first complying with the requirements of this act." If a graduate in medicine he shall present his diploma to the board together with affadavits showing him the lawful possessor of the same and giving age and time spent in study "If the board shall find the diploma to be genuine and from a legally chartered medical institution in good standing as determined by the board", the applicant shall be given a certificate entitling him to practice medicine in the state.

Legal practitioners of medicine under the laws now in force but not graduates must furnish evidence to the board that they are legally entitled to practice. Upon presentation of satisfactory evidence that they are legally in practice, the board shall issue a certificate.

Practitioners not graduates and unable to furnish the necessary affidavits must submit to such examinations as the board may require.

The board may refuse to issue a certificate to any person guilty of felony or gross immorality, or addicted to liquor or drug habit to such a degree as to render him incapable. The board may revoke licenses for like causes An appeal may be had to the governor and attorney general.

The fee for a certificate is $5.00. For an examination $25.

An affirmative vote of not less than five is necessary for the issuance or revoking of a certificate. All certificates must be registered with the judge of probate in the county in which they reside.

Midwives now in practice shall be issued a certificate by judge of probate upon presentation of satisfactory affidavits. Those desiring to practice in the future must appear before the board and pass an examination. Certificates of midwifery do not give the holder the right to "perform version or treat breech or face presentations, or do any obstetric operations requiring instruments or treat any other abnormal condition except in emergencies."

"Any person shall be regarded as practicing medicine or surgery within the meaning of this act who shall append the letters M. D., or M. B., to his name, or for a fee prescribe, direct or recommend for the use of any person any drug or medicine or other agency for the treatment, cure or relief of any wound fracture or bodily injury, infirmity or disease," This definition is not to interfere with practice in emergencies, in the family, U. S. medical officers, dentists nor consultations of physicians from other states.

Penalties for practicing without a license $20—$500, 30 days to a year imprisonment or both. For midwives $25—$100. Persons filing false affidavits or diplomas belonging to others are liable to imprisonment in the penitentiary from one or five years.

The secretary of the state board is charged with the enforcing of this act.

The members of the Examining Board are President, Dr. N. R. Coleman, Allop., Columbus; vice president, Dr. H. E. Beebe, Homeo., Sidney; treasurer, Dr. David Williams, Ecl., Columbus; Dr. J. E. Scudder, Ecl., Cincinnati; Dr. C. A. L. Reed, Allop., Cincinnati; Dr. S. B. McGavran, Allop., Cadiz; Dr. C. Markley, Physio-Med., Toledo. Dr. Frank Winders, Finlay was elected secretary.

This organization was effected March 24th.

The first regular meeting will be the quarterly meeting, and will be held Tuesday, April 7th, at which time the Board will be prepared to receive diplomas and examine those presenting for that purpose.

See our announcements elsewhere of the Hahnemann Monument, and the Daily COUNSELOR.

Digitized by Google

THE MEDICAL COUNSELOR.

A Journal of Homœopathy and Collateral Sciences. Published Monthly by The Medical Counselor Publishing Club, 6 West Adams Avenue. Detroit, Mich.

EDITORS,

Harold Wilson, M. D., Stephen H. Knight, A. M., M. D.,

ASSOCIATE EDITORS.

Materia Medica.—M. W. VAN DENBURG, M. D. Fort Edward N.Y
R. MILTON RICHARDS, M. D., Detroit.

Surgery.—CHAS. S. MORLEY, M. D., Detroit.

Medicine —ROLLIN C. OLIN, M. D., Detroit.

Eye, Ear, Nose, Throat.—D. A. MACLACHLAN, M. D., Detroit

Obstetrics, Gynæcology and Pædology,—
E. LOUISE ORLEMAN, M. D.,
MARY THOMPSON STEVENS, A. B., M. D., Detroit.

Diseases of the Chest.—W. R. MCLAREN, M. D., Detroit.

Mental and Nervous Diseases.—W. A. POLGLASE, M. D., Lapeer.

COLLABORATORS.

M. C. SINCLAIR, M. D., Grand Rapids, C. G. CRUMRINE, M. D. Battle Creek, D. M. NOTTINGHAM, M .D., Saginaw.

Subscription price Two Dollars per year. Single copies 20 cents.

Communications are invited from all parts of the world. Contributions, books for review and exchanges should be addressed to the Editors, 32 West Adams Ave., Detroit, Mich.

Business letters and remittances should be addressed to Rollin H. Stevens, M. D., Business Manager, 6 West Adams Avenue Detroit, Mich.

Editorial.

The Hospital and Dispensary Question.

The New York County Homœopathic Medical Society, stirred up by the address of its president Dr. S. F. Wilcox, has been greatly agitated over the abuse of medical charity in New York City. Not long ago the allopathic societies were similarly seized with a temporary frenzy because of the abuse of hospital and dispensary privileges.

The burden of complaint seems to be much the same in both cases, namely that hospitals and dispensaries both, treat free many cases able to pay,and secondly, men young in the profession, and others not able to secure an appointment upon existing boards, have the temerity to organize new hospitals, public dispensaries or, even worse private dispensaries, from which they hope to reap some benefit. As near as we can find out a private dispensary is one not incorporated. These men the societies propose to discipline. No doubt New York is cursed with medical pauperism beyond any other city in the Union. We believe that there over six hundred thousand persons in the limits of New York City, into whose heads the idea of paying for medical service never enters. The existing hospitals and dispensaries are largely to blame for this state of affairs. Hospitals have been multiplied beyond all necessity and dispensaries have striven so fiercely for patients that the managers have even been known to send carriages for patients with interesting pathological lesions about their persons. Patients who could easily pay fees of one-half and one dollar are treated daily without question in order to swell the grand yearly total of patients. It is a standing joke about one of the uptown dispensaries that the clinics in summer are small because the regular patients have gone to the seashore or the mountains.

The source of greatest grief to both allopaths and homœopaths was the fact that the young men and others as mentioned above, organized institutions of their own and "were out for plunder." These men, it was the unanimous opinion of members of both schools, should be disclipined. Why are these young men out for plunder any more than others holding many coveted positions, of whom few die and none resign! If one looks at Polk's Register he sees many men who hold from three to six appointments—professorships in one or more colleges attendings to one or more hospitals—consultants to one or more institutions—all forced upon them of course,against their will, nevertheless they fill what might have been distributed to four or five and so saved as many private dispensaries. Don't discipline the young men, make room for them!

We would suggest for the benefit of our New York brethren that they enforce an absolute rule of treating none but the *worthy* poor free and also that they get together and agree to hold but one appointment at a time and that for a definite period, say ten or fifteen years—thus allowing rotation in office.

Another suggestion we would make,namely

Digitized by Google

throw open the wards and private rooms of *all* hospitals to *all* reputable physicians. In Detroit, and we dare say in other cities, *all* reputable physicians are at liberty to treat patients who pay the full rates in either the *wards* or *private rooms* of *any* of the general hospitals of the city. This arrangment may have the effect, perhaps of dimming the lustre somewhat of the hospital staffs but it is popular with the profession and to our certain knowledge has prevented the multiplying of institutions.

S. H. K.

The Passing of Antitoxin.

Evidences seem to be multiplying that we have been passing through an epidemic of mild diphtheria, and that any apparent diminution of the death rate has been not because of the value of the much lauded antitoxin as a therapeutic resource but because of different and more thorough methods of diagnosing doubtful cases, and the less virulence of the disease.

Series of cases from different parts of the world shows as good results if not better without the antitoxin as with the antitoxin treatment. A series from Penn. published elsewhere in this issue gives a better showing without the antitoxin, than a similar series in the same hospital in which it was used.

Perhaps one of the strongest evidences that antitoxin has not met the expectations of the profession is the fact that many of those who had the greatest faith in it at first but who have recently watched the results of its use closely in special hospitals, such as the Willard Parker in New York, have been forced to declare that its value is problematical. In the above hospital when formerly antitoxin was forced upon every patient, adults are now given their choice of treatments.

Unless we are willing to accept the dictum of the professional bacteriologists, that, it having been shown by laboratory experiments, that immunization to diphtheria can be brought about in animals by antitoxin, consequently antitoxin *must* be the remedy for diphtheria, we must look further yet for any advance beyond the success of homœopathic remedies.

S. H. K.

The Counselor and the Hahnemann Monument.

The American Medical Association has been striving for a number of years to raise money for a statue to Dr. Rush but with extremely poor success. The committee has made frequent appeals at the meetings of the Association for money, as well as through the medical journals. Up to the present time the returns have been very meagre and the committee has been much discouraged. As a contrast the American Institute of Homœopathy has undertaken to erect in Washington a much finer memorial to Hahnemann than that contemplated for Dr. Rush. So pronounced has been the success of their efforts that the committee has felt justified in extending their plans and making the memorial much finer than originally proposed. The committee is still in need of funds. At the session in Detroit a mass meeting will be held to hear the report of the committee, at which an address will be given in order to still further stimulate the enthusiasm of the profession.

We are sure that every member of the profession in the state is desirous that Michigan should contribute her full share toward the building of this monument to Hahnemann. The Counselor has a pardonable pride in the profession of the state and is willing to help swell the funds contributed by Michigan toward the monument. In our advertising columns will be found the announcement regarding our subscriptions; and the Daily Counselor to be published during the session of the Institute.

From now until Jan. 1 '97 we will contribute *one-half* of all *cash* subscriptions to the Counselor to the Hahnemann Monument and have the contribution entered in the name of the one sending us the subscription,

Digitized by Google

During the session of the Institute in Detroit next June we shall publish a DAILY COUNSELOR which we shall sell at ten cents per copy. The *entire profits* from the *sales* of the DAILY COUNSELOR will be given to the Hahnemann Monument Fund. Those who do not attend the session of the Institute by sending fifty cents will receive the six numbers of the DAILY COUNSELOR thus enjoying the reports of the Institute session and at the same time contributing to the fund.

S. H. K.

There is no Sufficient law in Michigan for the regulation of the practice of medicine. By the provisions of the public act creating the Board of Health of the city of Detroit, that board has authority to formulate and enforce such rules and regulations in the interests of public health as may be deemed wise. Accordingly that board has provided for and appointed a special committee for the examination of women desirous of practicing midwifery. Women holding certificates as midwives, issued by governmental authority in Europe or from any reputable school in this country are not required to undergo examination before this oficial committee. The committee consists of Doctors Walter P. Manton, Charles G. Jennings, R. C. Olin, R. H. Stevens and Guy L. Kiefer. Health officer Duffield, under this arrangment, will refuse to accept a death certificate when signed by any midwife who does not have a certificate of competency and a permit to practice, given by the examining committee.

A record is kept at the health office, which is corrected daily, of physicians who are registered, together with a complete transcript in each instance of such record. Death certificates signed by persons who are not graduates of a registered medical college or who because of lack of experience, are not entitled to practice, will not be received by Health Officer Duffield. In every case where a death certificate is rejected for the pregoing reason the case will be placed in the hands of a coroner.

The board of health has adopted a practice in vogue in New York and other large cities, of having a honorary board of conference to whom may be referred frequently arising problems as to sanitation, epidemics and the handling of contagious diseases and those dead of such ailments.

The committee that has been appointed consists of Doctors Herman Kiefer, H. L. Obetz, E. W. Jenks. Daniel La Ferte, E. T. Tappy, J. J. Mulheron, L. E. Maire, G. E. Frothingham, Carl Bonning, Johann Flintermann, R. C. Olin, E. L. Shurley, Harold Wilson, C. S. Devendorf, J. H. Carstens, J. E. Clark, J. K. Gailey, C. C. Miller H. P. Mera, M. Jos. Spranger, N. W. Webber, Theo. A. McGraw, A. W. Irvine, Morse Stewart, Delos Parker, Peter Klein, and C. F. Sterling.

Detroit, April 7. '96. Chas. S. Hathaway Sec'y.

Report of Detroit Board of Health for February '96. Total number of births 411; stillborn 24; rate per 1.000 inhaibtants per year 18.22.

Total deaths 347. Death rate exclusive stillborn 14.05

Contagious Disease Record.

Diphtheria, new cases 35, deaths 6; scarlet fever, new cases 19, deaths 1; small-pox, new cases 12, deaths 9. Eleven of the cases and eight of the deaths occured at the Detroit House of Correction. The epidemic is now stamped out.

Some of the principal causes of death were convulsions 26; carcinoma 13; heart disease 16; la grippe 5; puerperal fever 2; post partum hemorrhage 2; placenta previa 1; consumption 31; pneumonia 33; typhoid fever 5; variola 3, hemorrhagica 5, suppressed 1, total 9.

Examinations for Kelbs Loeffler Bacillus 21. True diphtheria found 5; false 12; indecisive 4.

Number of tons of garbage collected 1,074

Daily mean temperature 25.1o Max temp. 58° Min. 1° Rain fall 1.60 in.

Digitized by Google

PAMPHLETS RECEIVED.

Diseases of the Eye and Ear in Children, J. H. Buffum, M. D., Chicago.

Atresia Nasi Externi, E. Elmer Keeler, M. D., Syracuse, N. Y.

The Fore-skin as a Causative Factor of Disease, Thomas Chas. Martin, M. D., Cleveland, Ohio.

Materia Medica of the Nose and Throat, A. Worrall Palmer, M. D.,New York.

Foreign Body in the Trachea, A. Worrall Palmer, M. D., New York.

Editor's Table.

We are sorry to chronicle the severe illness with inflammatory rheumatism of one of the editors of the Counselor, Dr. Harold Wilson, We trust he will soon be at his usual duties again.

Dr. Mary T. Stevens who was so long and dangerously ill, is now about again.

The "Removal Bill" affecting the homœopathic department at Ann Arbor—and indirectly the whole profession of Michigan—comes up for final consideration before the Supreme Court April 14th. The bill will be argued upon the constitutional right of the regents to refuse to perform specific acts when so directed by the legislature.

Dr. Annie E. Marsh, of Greeley, Colorado, died February 26. She bequeathed her body to the medical department of the University of Colorado for anatomical purposes. Dr. Marsh was a graduate of the homœopathic department of the University of Michigan. Her maiden name was Eastman, but for a number of years she has been the wife of Dr. L. E. Marsh, of Greeley. She had enjoyed an extensive practice and accumulated considerable wealth which was divided in her will between her husband and the University of Michigan.

The following Candidates for the degree of doctor of medicine were graduated by the National Medical College, Chicago, on the evening of March 18 at the Schiller theater. H. B. Saunders, Philip Greiner, Thorwald Anda, Joseph Hendrickson, Mrs. Ella M. Duncan, Margaret C. B. Johnson, Fidelio F. Brown, Julius E. Jorgens, Rodney O. Allen, George W. Kimball, Albert Arndt, Martha Kuznik, Annetta Ayers, Henry H. Merrell, Charles M. Boone, James R. Price, George B. Duncan, Charles B. Prouty, Eva J. Duncan, John N. Volicos, Albert S. Fish, David C. Whitney, Emil Gleitsmann, John N. Wilkins.

The Chicago Homœopathic Medical College commencement exercises, held at the Schiller theater on the afternoon of Tuesday, March 17 at 2 o'clock. The graduating class numbered an even seventy members as follows: Wilfred E. Allen, D. V. S., Nels Anderson, R. Boyd Andrews, Chas. A. Armstrong, Henry G. Bartlett, W. Leonard Bates, Elmer E. Best, B. D., Jessie T. Biddle, A. B, Charles T. Brown, B. C. E., J. E. Cowperthwaite, Arthur M. Crandall, Edw. G. Cromwell, Chas. C. Curtis, M. D., Edgar G. Davis, B. S., Henry W. Dueringer, A. S. Elder, Fred B. Evans, Charles W. Fallis, M. D., Martin H. Fash, Louis Faulkner, Gilbert Fitzpatrick, George G. Fouser, Juhn M. Fulton, Chas. W. Geiger, De Witt R. Good, Stanton E. Gordon, Cephas C. Greiner, Frank W. Greiner. Harrie J. Guy, Harry C. Harkness, Amasa S. Hawley, J. Wesley Hermitet, Armatus S. Holland, Stephen S Holloway, Willliam F. Hotchkin, Paul Hullhorst, M. D., Arthur C. Leonard, Orson E. Matter, Benj. A. McBurney, B. S., Arthur E. Myrick, Ph. B., Christen S. Nielsen, Enos E. Palmer, B. S., M. D., Wm. M. Patton, Clyde W. Payne, B. S., T. Howard Plank, Lionel S. Luton, Wm. M. Plimptom, A. B., Silas C. Rand, George R. Reay, Friedrich E. Reichardt, D. T. Rlddle, M. D., Benjamin T. Roberts, A. B, Jas. A. Rose, Edwin R. Shannon, Elijah S. Smith, Milton S. Smith, S. Darwin Smith, Frank H. Snell, Charles N. Stephens, Arthur L. Stocks, Wm. B. Swan, A. M., J. E, Swartz, Homeo Tuttle, Charles A. Walker, Sam'l H. Ward, Harry P. Webb, James W. Wiltshire, James H. Winter, Christian Winters, and Ernest W. Spinney.

Digitized by Google

The N. A. Jour. of Hom. welcomes our appearance in the Journalistic field in these appreciative words:—

The Medical Counselor—Our old friend awakened from a long sleep, fully revived and vigorous, may be assured of a cordial welcome. The Michigan profession have now a journal devoted to their local interests as well as to homœopathy in general, and we believe that the establishment of the COUNSELOR may prove to be of great advantage to them all. The first three numbers are bright, full of valuable matter and contains besides a great deal of interesting Michigan news. We wish the journal every success and hope it will be well supported by the profession.

The Preparations for the Institute meeting at Detroit are going on merrily. The local committee is hard at work, determined that the visitors shall not suffer because of any failure on its part. Sec'y. Porter says:

"The prospects were never brighter for a splendid meeting, and if we all work together with a vim, the Detroit meeting will break the record. Do not forget to bring at least *one* new member with you, for we should double our membership at Detroit."

Bring your bicycles also.

Sewer Gas and Typhoid Fever.—Dr. Alessi has been conducting some experiments upon the effects of sewer gas on typhoid fever. The rats, rabits and guinea pigs used, when exposed to the inhalations of sewer gas, became so predisposed to infection that a small dose of an almost harmless cultivation of typhoid germs killed them. The animals not so exposed rallied from the same, and even far larger doses. Long-continued exposure to the sewer gas was apparently much less dangerous than a short exposure. They evidently became used to the gas, so that the effect was less pronounced.—*Ex.*

The Oldest Prescription.—A French medical paper prints what is believed to be the oldest medical recipe. It is for a tonic for the hair and its date is 4000 B. C. It was prepared for an Egyptian queen, and required dogs' paws and asses' hoofs to be boiled with dates in oil. The modern hair restorer requires asses' heads.—*Ex.*

Faith Healer's Death Certificate for a Diphtheria Victim. Mr. and Mrs. John Bennett's child died recently in Anderson, Ind. Dr. Wolman, a christian Scientist, had been attending it. He made his death return yesterday. It was "Died from sin and fear."

The authorities made an investigation and found that the child had died of a mild case of diphtheria, which might have been cured with medical attention.

It was also found that the doctor and parents had relied on faith entirely, and the verdict also reads: "Death from criminal neglect" Warrants have been issued for the arrest of the parents and the doctor.—*N. Y. Polyclinic.*

Rules for the Surgeon to observe in order to prevent the absorption of poison during operations on septic patients: 1. After the hands and arms are made aseptic, dip them in strong ammonia water, or in a solution of oxalic acid. This procedure will instantly reveal to the surgeon the least abrasion of the skin from any cause. 2. All small abrasions, or separations of continuity of skin, should be painted with flexible collodion and immediately covered with a few fibres of absorbent cotton. Dry this dressing quickly with heat from alcohol lamp, and again paint with flexible collodion, and dry in the same manner. Then sterilize finger in 1 to 100 bichloride solution. 3. If the wounds are on the joints, apply a strip of adhesive plaster over the cotton and collodion dressing, passing the plaster quite around the finger, at least twice. Fasten this dressing securely with thread. Or, instead of the adhesive plaster, draw on a rubber cot or glove. Sterilize finger or hand and dressing in 1 to 100 bichloride solution. 4. If the hand or finger is wounded during the operation, stop long enough to place on the wound a drop of satu-

Digitized by Google

rated solution of carbolic acid, or lysol, or creolin, or touch it with a nitrate of silver point. Cover the wound with a small pledget of absorbent cotton, well saturated with carbolized or creolin water, and cover this cotton thoroughly with adhesive plaster. Fasten this plaster securely with thread. Sterilize the finger and dressing by immersing it in 1 to 100 bichloride solution, and proceed with operation. 5. Remember that your health is, or should be, as valuable as the patient's, five minutes time given to dressing your own wound will make no appreciable difference in the result of the operation you are performing.—*Horace T. Hanks.*

The N. A. Journal has this to say about Dr. Dudley, the president of the American Institute of Homœopathy: "He was born near Torresdale, October 17, 1837. His father William Dudley, belonged to the well-known New England family of that name, whose ancestors followed the fortunes of the Mayflower Pilgrims in 1630, and whose main and lateral branches have contributed numerous distinguished names to the political. scientific and literary annals of the United States. The family traces its lineage through several of the most interesting chapters of English history to a period antedating the Norman conquest, and both name and family are known to be of Saxon origin. His mother, Ellenor Wood, was decended from Robert Wood, who emigrated from Gloucester, England, in 1699, and settled at Newtown, L. I., and whose posterity migrated to Newtown, Bucks county, Pa., about 1750. Dr. Dudley obtained his early education in the public schools and at an academic institution, supplemented by habits of careful study and reading at home. He taught school two years, and at the same time read medicine under Dr. David James, then attended lectures in Jefferson Medical College, and afterwards in the Homœopathic Medical College of Pennsylvania, and graduated in the latter in the class of 1861, since which time he has practiced his psofession in Philadelphia. He has recently been made Dean of the Hahnemann Medical College of Philadelphia."

According to the Report of Dr. William M. Welch, the physician in charge of the Municipal Hospital, Philadelphia, whose service is restricted to the care and treatment of contagious diseases, 1,297 patients were received during last year, 757 of whom suffered from diphtheria. The antitoxin was employed in the treatment of 302 of the last named, 58 of whom died, a mortality of 28.14 per cent. Among the cases treated without the antitoxin the mortality was 25.99 per cent.—*Ex.*

Consumption is in reality a disease of warm climates, and becomes markedly less prevalent after passing the temperate zone, either north or south. Statistics show that consumption is unkown in Iceland. It is decidedly a mistake for consumptives to seek a warm climate, except in cases in which the disease is so far advanced that there is no hope of recovery. For such, a warm climate secures an easy death, but, it must be added, a speedier one—*Good Health.*

According to the Mortality Statistics o the U. S. Census, in the principal cities of the country the deaths from phthisis per 1000 deaths from all causes, is as follows: Cleveland, 73; Omaha, 74; St. Paul, 75; Detroit, 80; Chicago, 84; Buffalo, 94; Milwaukee, 96; St. Louis, 97; Brooklyn, 113; Baltimore, 119; New Orleans, 121; Philadelphia, 124; Cincinnati, 127; New York, 135; Washington, 139; Boston, 152; San Francisco, 162. From this it will be seen that the cities having a reputation for harsh and severe winters, are not the ones in which consumption is most prevalent. Thus St. Paul, Cleveland and Chicago make a far more favorable showing than Cincinnati, Washington and New York, although the three cities last named have what are called mild winters. Chicago, notorious for the harsh weather of its spring months, makes a very favorable showing. While in the entire country the proportion of deaths from all causes is one-eighth, in Chicago it is but one-twelfth.—*Ex.*

Digitized by Google

Infiltration Anæsthesia. The solution is

R.—Cocaini muriatis.....	1.00
Morphiæ muriatis.....	.25
Sodii muriatis.....	2.00
Aquæ Distillat.....1000.00–M	

The maximum dose, as a rule, is 50 c. c. of this solution, containing .05 gram (¾ grains) of cocaine, which is injected into the tissues to be operated on by means of a hypodermic syringe as follows:

If desired, the slight pain caused by the first insertion of the needle may be prevented by chilling with ether spray. This is not usually necessary. The needle is then inserted *into*—not beneath—the skin and a drop or two of fluid forced out, forming a white wheal in the skin which is instantly deprived of sensation as far as the wheal extends and a little beyond its borders. The needle is then pushed on from the borders of the first wheal a short distance and a drop or two more injected and so on successively along the line of the intended incision—first in the skin itself, then in the tissues beneath layer by layer, including periosteum if necessary, until the entire field of operation is distended with the solution.—*Virg. Med Monthly.*

Scarlet Fever in an Old Letter.—A fresh warning comes from the Iowa State Board of Health, in a sporadic case of scarlet fever reported from the city of Rock Rapids. The mother of the patient had received, a year before, a letter from her sister, whom she had intended to visit during the holidays of 1894, warning her not to come, as the writer's children were then sick with scarlet fever. One day in last December, the mother was looking over some old letters, and the children were around her. When this letter was reached the little girl exclaimed, 'There is Auntie's letter," and proceeded to open it out and held it some little time. Three days later the infection did its work—*Ex.*

Hard on the Manufacturers of Artificial Food.—At the Congress for the protection of Children, sitting at Bordeaux, France a resolution was adopted to the effect that artificial food should be forbidden in the case of infants under six months of age, that from six months to twelve months of age the food should be milk with a little farinaceous material or the yellow of eggs, and that from one to two years the diet should consist of milk, eggs, mashed vegetables, tapioca and a little boiled fish. The feeding bottle with india-rubber tubing was unanimously condemned.—*Meyer Brothers Druggist.*

Paternalism is a good thing for babies but should be limited to their natural fathers and not extended to the government.

Cycling—An exchange gives the following suggestions upon riding the wheel.

Cycling is said to greatly mitigate the symptoms of hay fever, relieving the eye irritation and keeping off the paroxysms of sneezing.

If one cannot ride with the mouth closed, the point of the tongue should be pressed against the upper front teeth, so as to break the force of the inspired air and make it warm.

Violent cycling tends to produce hypertrophy of the heart, Chafing of the labia may be in part prevented by tilting the saddle well backward. Virtue must be at a low ebb if such a cause can disintegrate it.

The philosopher sees in the bicycle and the bloomer the inciters of the same diseases and the same immoralities as followed in the wake of the roller skate.

Newspaper Pathology. The eyes become bloodshot because, while ordinarily the vessels of the cornea are too small to admit the red corpuscles of the blood, when inflamed they enlarge and the red particles enter and give their color to the white.

Digitized by Google

Hahnemannian Banpuet,

There were few Detroit homœopaths that absented themselves from the Hahnemannian Banquet Friday evening April 10. Previous to the feast in the Russell House ordinary the physicians and their wives met in the parlors and exchanged greetings. In the middle parlor of the hotel stood a model of the statue of Hahnemann, which is to be set up in Washington by the homœopathic physicians of the country at an expense of $75,000 At the meeting of the American Institute in 1892, the project was begun, and when the Institute meets in Washington in 1897 the statnte will be dedicated to the memory of the German scholar and physician.

There were many physicians present from the inland towns. From Mt. Clemen's came Drs. E. G. Folsom, A. J. Hayward, J. I. Hayward and J. A. Lenfesty. Others present were: Dr. M. C. Sinclair, of Grand Rapids; Representative A. W. Saxton, M. D., of Jackson; Dr. W. B. Hinsdale, dean of the Homœopathic medical faculty at the University of Michigan; Dr. R. S. Copeland, professor of ophthalmology and otology, of the same institution; Dr. W. N. Fowler and wife, also of Ann Arbor; Prof. T. P. Wilson, of Cleveland; Dr. Rachael Davidson, of Flint; D. N. Nottingham, of Saginaw, ex-preaident of the State Homœopathic Society, and Dr. C. L. Levanway, of Battle Creek.

It was after 9 o'clock when the Doctors their wives and daughters filed into the Russell House ordinary to the music of Haug's mandolin orchestra, sitting down to the banquet board. No homœopathic doses were served. The menu was rich, and kept the physicians busy for an hour and a half. Then came the following toasts.

D. A. McLachlan, M. D., Toastmaster; "Life and Times of Hahnemann," by M. C. Sinclair; Recitation, "How Sandy Proposed," by Miss Belle Preston; "Character, Learning, and Genius of Hahnemann," by Dr. C. F. Sterling; Zither Solo, by M. J. Spranger; "Similia Similibus Curantur," by M. P. Hinsdale; "Little Venice," a story of St. Clair Flats, by Miss Belle Preston; "Medical Heroes," by Dr. B. H. Lawson; Recitation, "A Lecture at Jonesville," by Miss Belle Preston; "Land of the Free," by Dr. S. H. Knight.

Dr. Sinclair was felicitously introduced by Dr. McLachlan and spoke in substance as follows.

Hahnemann was born 141 years ago in Meissen, of poor and humble parents His father intended that his son should follow his own trade, that of a china painter, but because of his aptness, his schoolmaster furnished him opportunities for study.

In this way Hahnemann was enabled to enter the profession of medicine. Soon after this, while at Dresden, he made the discovery of his famous Merc. Sol. From Dresden Hahnemann removed to Leipsig, where he instituted his experiments with cinchona bark and with veratrum album, the results of these experiments lead Hahnemann to promulgate his theories.

Dr. C. F. Sterling responded to the toast, "Character, Learning and Genius" of Hahnemann.

He said that Hahnemann had appeared on the stage of the scientific world at a time when the intellect of man in everything pertaining to medicine, was stagnant. Hahnemann's researches and invectives against the prevailing barbarous methods of treating the sick and afflicted, aroused the medical world from its dormant condition and forced the medical practioners of that age to ceaseless research in order to combat his, Hahnemann's theories, facts and discoveries, which have proved such a blessing to humanity. Hahnemann was a force, because of the strength of his convictions, and as long as civilization shall last, his influence will last.

In reply to his toast "Similia Similibus Curantur," Dr. Hinsdale mentioned the fact that so little time was given in the old school medical colleges to the study of therapeutics. The practitioners of the old school were mostly therapeutic agnostics, while the homœopaths do believe in the curative effects of medicines. Dr. Hinsdale.s remarks were well received and the "Counselor" hopes before long to present them to its readers.

Dr. B. H. Lawson then spoke of many of the older practitioners who had fought their way in their own time and had advanced the good of the whole profession.

Dr. S. H. Knight, the last speaker, gave a good many statistics.

There are six national societies in the country with 2,000 members. State societies number 32, with membership aggregating 4,00[illegible]. Local societies roll up a total membership of 4,500. Thirty-

Digitized by Google

two medical clubs aggregate 500 members. There are six college alumni associations, with total membership of 3,000. In the country there are 120 hospitals, 61 dispensaries, 33 homoeopathic journals and 20 colleges, whose students last year aggregated 2,000, with graduates numbering 500, and 11,000 alumni. There are 59 general hospitals and 3,600 beds. Patients to the number of 27,361 were treated last year, of these 1,426 died or 5 per cent.

There are 71 special hospitals, with 5,775 beds and 26,605 patients, of these 504 died or 1.76 per cent. The 67 dispensaries treated 10,866 patients and 854,000 prescriptions were made up. From them 42,832 visits were made to outside patients.

After the toasts Dr. McLachlan, called upon a number of gentlemen present. Dr. T. P. Wilson humorously alluded to the new fashioned drugs by saying in the old days the homœopaths carried no odor with them but today you could not tell them by the "smell" from the allopaths.

Dr. A. W. Saxton, of Jackson, representative in the last legislature spoke of the friends of homœopathy in that legislature.

Dr. Olin, said on account of the lateness of the hour he would defer his speech until the next Hahnemann centennial and invited all present to be there to hear it.

After remarks by Dr. E. R. Ellis, Dr. D. M. Nottingham, and Dr. Rachel Davidson the company dispersed.

Committee of Arrangments, Drs. C. C. Miller, C. F. Sterling, R. H. Stevens, D. A. McLachlan, E. Louise Orleman.

Dr. A. B, Nelles of Ann Arbor, recently of Bay Cito Mich., a graduate of the Homœopathic Department of the University of Michigan and frrmerly assistant to Drs. Gatchell and Mack, has removed to Columbus, Ohio. Dr. Nelles attenned for a session at the N. Y. Homœopathic Eye and Ear College and has recently been doing special work in Ann Arbor. Dr. Nelles will take up the specialty of Eye and Ear work in Columbus.

The Annual Re-union and Banquet of the Alumni Association of the Hahnemann Medical College, Philadelphia, will be held on Tuesday, May 5th, 1896.

The Business Meeting will convene at 4:30 P. M. in Alumni Hall, Hahnemann Medical College, Broad Street above Race, Philadelphia, and the Banquet will be held at 9:45 P. M. at the "Walton," S. E. Corner of Broad and Locust Street.

The Trustees and Faculty of the College extend a cordial invitation to all the members of the Alumni and their friends to attend the Forty-eighth Annual Commencement, to be held on the same evening, at 8 o'clock, at the Academy of Music, S. W. Corner Broad and Locust Streets, Philadelphia.

Banquet Cards can be secured by notifying the Secretary. Requests received after Saturday, May 2d, 1896, cannot be considered.

W. W. Van Baun, M. D., Secretary,
419 Pine Street, Philadelphia.

L. H. Willard, M. D., Pres.
Allegheney City, Pa.

It goes in Every Corner of the Earth.

From the hospitals of Detroit where its use first commenced, the employment of Stearns' Wine of Cod Liver Oil has extended to all parts of the world, and we hear that Frederick Sterns & Co., are receiving large orders for it not only from the Spanish speaking colonies of America, but from Great Britian and her colonies, India, Australia, and the South Sea Islands. No stronger argument in its favor is needed. The rapid extension of the use of this preparationis evidently due to its great merit. It certainly is not due to advertisements in the public press, for its manufacturers have confined themselves entirely to the medical and pharmaceutical journals. In fact the entire demand is the oucome of physician's prescriptions, and the universal verdict of the medical profession every where is most favorable.

Digitized by Google

THE MEDICAL COUNSELOR.

A MONTHLY JOURNAL OF HOMŒOPATHY AND COLLATERAL SCIENCES.

OLD SERIES, VOL. XV.
NEW SERIES, VOL. I.

DETROIT, MAY, 1896.

No. V.

SIMILIA SIMILIBUS CURANTUR.*

M. P. HINSDALE, M. D.,

ANN ARBOR, MICH.
Dean of the Homœopathic College U. of M.

In former times it was the custom to sum up in a general statement or aphorism the substance of a philosophy or doctrine, as we have "Similia Similibus Curantur" handed down to us as an expression of the condensation of the theory or doctrine of homœopathy. It is not likely that the substance of homœopathy could be so well expressed by any other three words. In fact it would be a difficult matter to crowd the essence of our doctrine into a single sentence of English, even without limit to number of words. What the real interpretation of this aphorism is, or what the interpretation of homœopathy is, I shall not presume to attempt to express to a body of people who are so familiar with the abundant fruitage of its application.

We often hear it misinterpreted by two classes of people, one the innocently, the other wilfully ignorant. It is not my intention to attempt to reply to either class, for the replies and refutations you understand as well as myself.

I would like to take advantage of this opportunity to pass hastily in review the status of therapeutics of the present time and in doing so, I shall try to be biased as little as possible by partisan feeling. Medicine of the present is quite a different "medicine" from historical medicine. Changes are being made so rapidly that a text-book of to-day will be obsolete to-morrow. The time when the idea of cure entered the human mind was so long ago that it would be quite impossible to fix the age or the people of its origin. Who took the first medicine, of what it consisted, or who prescribed it would be interesting to know. Until the present it has been firmly rooted in the human mind that there can be medicinal cures as that there can be means of allaying hunger or quenching thirst. Two kinds of ailments have been recognized from time immemorial, ailments of the soul, and ailments of the body. As systems of cure for the first, different religions have developed, as systems of cure for the latter, schools of medicine have sprung up. The ideas that there is a cure for a sinful or diseased soul and a cure for a diseased body are of the greatest antiquity. In fact they may almost be taken as the differentiating characteristics between man and lower animals. The one idea has given origin to the profession of the ministry, the other to the professional physician; Doctor of Divinity; Doctor of Medicine; the two oldest professions.

It is true that once in a while some one who has been supposed to be a fanatic has said there is no such thing as disease and consequently the idea of cure unthinkable, or again, new codes of medicine with new remedies or new ways of applying old ones have gained ascendency. The dominant school of medicine has until a very few years taught that much medicine and many medicines compounded together were of the greatest use in treating disease. This was the substance of teaching, and in practice it was carried to the utmost limit. The logical conclusion of this method of teaching and practice is, that the doctors possessed the profoundest faith in both medicine and in the ability of medicine to cure. Certainly there could be but little reason for giving medicine

*Delivered at the Hahnemann Banquet, Detroit, April 11, 1896.

Digitized by Google

without belief in its virtues. Just now we do not hear medicine taught that way. The substance of teaching, I refer to the current literature of the old school, of to-day is that diseases are practically incurable by drugs. Nature herself must restore or destroy. All human aid can accomplish is to assist her by a few external adjuvants. There is no medicinal cure for disease. In the colleges we find more time given to study but less time required in medicine. I now use the word medicine in its restricted sense, as meaning drugs taken with the idea of cure. Any number of palliatives are being presented to the profession by enterprising manufacturing pharmacists and they seem to be pretty liberally used, but the idea that cures can absolutely be effected by medication is pretty generally abandoned by the "regular" profession. Dr. H. C. Wood in his text book of therapeutics states that after two thousand years of clinical experience all that clinical medicine has to offer of bonafide value is the knowledge that salts will purge, opium allay pain, quinine arrest chills. I heard a student say not long since, one who is about to graduate in medicine, that there are but two drugs that are known to be remedies; one is quinine, the other mercury, that he had been taught that all other drugs are only palliative or inert; that nature aided by some regiminal means is the only scientific restorative. In the long four years course of the average college we find the curiculum only requiring a six month's course in materia medica, all the rest of the time is consumed in elementary work, mostly in the anatomical and physiological groups. The reason assigned for making medicine as such of so slight importance is, that statistics show that fifty years ago when much medicine was given more people died than now; that ten or twenty years ago when comparatively small amounts of medicine were given fewer died than before, but more than where none had been given. The conclusion has very wisely been arrived at that the former regime was worse than the present, and so the doctors have lost confidence in their so-called remedies. Therapeutically they have become sceptics. The thoroughly up-to-date regulation doctor is practically a medical agnostic, or possibly some of the extremists may be said to be medical nihilists saying there is no drug cure for disease, there is no such thing as medicine and the proof is that in the times when much medicine was given, people were not so healthy as now. Such physicians are to be congratulated upon the lesson they have learned. The way to get a change of heart or to come into a better way is to come to see the error of old ways.

However, during the time that this body of professional men have been loosing their faith in their remedies they have developed the sciences that inquire into the causative factors of disease and have added much knowledge to its natural history. The physiological chemist has also discovered many invaluable facts and hygiene, sanitary science. State medicine has certainly developed with wonderful growth and with the greatest good to society. But outside a long list of palliatives and possibly a half-dozen semi-chemical antidotes, the therapeutics of to-day, leaving homœopathy out of mind, has little to show except that quinine will arrest the development of the plasmodium malarial and that mercury will correct certain constitutional taints.

What have the homœopathic schools done, or what are they doing? They have practically borrowed from the old school all that has been learned by their researches in the adjuvant sciences, and have made good use of them so that they are as accomplished sanitarians as the best. But in therapeutics, they have kept a firm and steadfast faith in their remedies, believing that disease is curable by drugs scientifically selected and properly administered. Homœopathy stands for medicinal cures with a perfect liberty to appropriate anything and everything that can be made accessory to them.

Digitized by Google

To put the two systems in contrast: homœopathy teaches that diseases are curable by medicines, that drugs are powerful agents for good or evil, according as they are selected and administered; that hygiene, antiseptics and dietetics are most important secondary aids in curing the sick. Allopathy of to-day teaches that in all cases our secondary agents are primary and that medicines are an uncertain and unreliable quantity.

Similia similibus curantur means therapeutics or nothing.

Homœopathy is not a system of anything but of using drugs to cure the sick. In this belief lies our only distinguishing characteristic. Whatever lies outside is ours to use as medical counselors but as homœopathists we are only therapeutists. One of our dangers lies in the facinating brilliancy of artistic surgery which seems to threaten us by distracting from medicine our most brilliant men who are needed for developing the science of medicinal cure. Another danger lies in the indifference that some of us manifest toward materia medica by allowing ourselves to become careless and mixed prescribers.

LIFE AND TIMES OF HAHNEMANN.*

BY M. C. SINCLAIR, M. D.
GRAND RAPIDS, MICH,

Samuel Hahnemann the celebrated German physician, scientist, and chemist, was born in the village of Meissen, a small town in Saxony, just 141 years ago today.

He like many others, whose genius and intellect have marked them as leaders in thought and action, was born of poor and humble parents. His father by trade was a painter of Dresden chinaware, and in this calling we find him displaying something of the tastes of an artist. Such being the case, is it to be wondered that his son Samuel should have been possessed of a high degree of intelligence, a keen preception, and a mind easily impressed by the beauty and truths of nature. His father, had always intended that he should follow the same occupation as had furnished himself and family with a livelihood, but during his earlier days at school he displayed such an ardent love for books and letters that he attracted the attention of his teacher in the school, which he was attending in his native town. So deeply impressed was this master with the aptness and brightness of his pupil, and knowing full well the inability of his father to keep him at school very long, he gratuitously offered to the lad, the advantages of his school, for the further persuit of his studies. The father, with some reluctance, and no doubt at the same time a feeling of deep gratitude for so generous an offer, finally consented, to this magnanimous offer, which he knew would insure his son a thorough college education. What feelings of buoyancy, and expectation, must have swelled that young lads bosom, when he found an avenue open to him that would afford a free and unrestricted access to the shrine of learning He entered upon his studies with great eagerness and energy, and rapidly worked himself to the front in his classes. Especially did he show a predilection for the languages and chemistry. Here he remained until he was twenty years of age at which time he went to Leipsic to pursue the study of medicine.

The next few years of his life were full of vicissitudes and trials, history tells us that the sum total of his fortune when he came to Leipsic was twenty crowns. To a mind dauntless as his, mere lack of money was no impediment. This difficulty was easily compensated for by his great resource of energy, and natural brightness, for we find him translating French. Latin and English works into his native language. And by his industry and frugality he was then able to earn sufficient money to finish his course in Leipsic, and also to enjoy a residence of three or four years under the tutorage of Dr. Quarin in

*Delivered at the Hahnemann Banquet, Detroit. April 11th, 1896.

Digitized by Google

Vienna. With all this preliminary training he thought himself equipped to practice his profession. And accordingly returned to Dresden near his native village and there settled down to his life work.

During his stay of four years in this city aside from the calls and duties of his profession he found time to indulge in chemical researches. The most pronounced among his discoveries at this time, was a soluble salt of mercury, the mercurious solublis Hahnemanni which to this day bears his name. A monograph from his pen, on arsenical poisoning, is by modern toxicologists considered an authority at the present day. But feeling cramped in his field of action he decided to enter upon a wider sphere and so went again to Leipsic, the field which in after years was destined to be the field of his wonderful and astounding discoveries in Therapeutics. As well as the field of his persecutions, for we find in after years, he was obliged to leave Leipsic, on account of the villainous laws enacted, at the instigation of his avowed enemies, the druggists, in order to prevent him from prescribing his own medicine; for by so doing he was injuring their business. About this time, which would be the earliest part of the eighteenth century, was one of the darkest periods in the history of medicine. The science of Therapeutic was one great chaotic mass, that had accumulated from the time of Hippocrates. The theories of the nature of diseases, was the basis of treatment. Large quantities of various drugs were co-mixed and co-mingled and given in large doses without any apparent apprehension of their deleterious effects. The main idea being, that it was only necessary to set up a decided drug action, in order to combat the disease, and the action was usually so decided, as to leave no doubt in the patients mind. They could not however always tell in advance, which direction the doctor intended his medicine to travel. Many of you present have been asked by your patients what effect you anticipate from your medicine. I never hear this question without being reminded of a story I heard about an old school doctor who was called to prescribe for a patient, among the things which he had given his patient were two pills, and in his hurry departed without leaving special instructions in regard to their action. On the following morning he called again and upon entering the room he had only to note the expression upon the face of his patient, to see that all was not well. He however, ventured to ask the patient how he felt, his reply was "Doctor I never put in such a night in my life, those pills you gave me, have traveled up and down my insides more than a hundred times, trying to get out, but I have held them right there until you came, and told me which direction you intend them to travel."

It remained for Samuel Hahnemann with his keen eye and brain to discover the fallacious and pernicious methods in the practice of Medicine, in vogue at that time. Through remorse at the inability of being able to save a loved one in his own family, and spurred by a desire if possible of securing something more potent and reliable at the bedside of the sick, he redoubled his energies in the field of investigating the true science of Medicine. About this time he was engaged in translating Cullens Materia Medica and while perusing its pages was struck by the insufficient explanation of the action of Cinchona Bark in ague. It occurred to him at once that the proper way to ascertain the action of remedies would be to try their effects on the healthy body. With this idea in view he took Cinchona Bark himself and the similarity of effects produced, to those of ague was quite apparent. The usefulness of Veratrum Album in colic was also made known by him about this time. The knowledge he had gained from the study of these remedies induced him to apply his new discovery to every form of disease as fast as he had proven the action of his remedies upon the healthy body. Discoveries of this kind so bold, so

Digitized by Google

new, so startling, to the world, are usually met with by stubborn opposition, but nature demands of her champions and martyrs that they stand trials of persecution, such was the case with Hahnemann. He was jeered, ridiculed aud called a fanatic, all on account of these new discoveries he was so strongly advocating. But adversity, sometimes, is a friend in disguise, perhaps one use of it, is to crown ideas and thoughts with Victory. Indeed it would seem, that a self denial no less austere than that of a saint was demanded of him who would at a time when bigotry, superstition, and perjudice were rife, proclaim the great truth of the law of similia similibus curantur. Now, for the first time bursting forth into the universe with a halo of medical light.

Hahnemann had learned to detect and watch the gleam of light, that flashed across his gigantic mind from within, and he dismissed without notice the cruel critisisms of his adversaries. He had some characteristics that showed genuine heroism. He was persistent. He resolved to be great, he abided by himself. He did not weakly try to reconcile himself with the medical world, he never struck sail to a fear. He came into port greatly and grandly, a philosopher, a man of great learning a man of unblemished character, and morals, and withal a pious man.

During the last nine years of his life he resided in Paris where he enjoyed an enviable reputation until his death which occurred in 1843.

To no man living or dead belongs honor or credit so great for revolutionizing the practice of medicine in favor of the sick and afflicted as to Samuel Hahnemann.

In this brief resume of his life I have not mentioned anything in regard to his many writings. Among which was his great work entitled Organon of Medicine.

In Leipsic there is a statue erected to his memory, the site of which was donated by the authorities of that city. To a person gazing upon that statue and recalling his life as it now appears to us, truly could it be said, "Well done good and faithful servant, you fought a good fight, peace to your ashes."

* NATRUM MURIATICUM.

BY E. J. KENDALL M. D.,
DETROIT, MICH.

Natrum mur. or common table salt is classed by Hahnemann among the deep acting antipsoric remedies.

Used as a condiment it promotes the secretion of gastric juice and stimulates digestion.

It enters into nearly every tissue in the body, producing marked physiological action thereon. It gives alkalinity to the blood, increases the density of the plasma, and regulates the processes of endosmosis and exosmosis. It promotes the absorption of carbonic acid from the tissues into the blood and helps to hold other substances in solution. It also has a stimulating effect on the nervous and muscular systems.

Prolonged use of salt in excessive quantities has produced marked effects, the mouth becoming sore, ulcers forming on the tongue and on the lips and the breath becoming very foetid. Provings with the higher potencies have, however, produced the most important symptoms and shown it to be capable of very wide application as a remedical agent.

There is marked impoverishment of the blood with consequent disturbance of the nervous system.

It is indicated in anæmia, particularly anæmia caused by loss of fluids. The circulation is readily excited, every little exertion producing throbbing all over the body. The patient suffers frequently from palpitation of the heart which is excited by every emotion, the sensation being described as "though a bird's wing were fluttering in the left chest."

The patient is likely to be emaciated, the skin being harsh and dry and of a yellowish hue. Great exhaustion from very little exertion of the mind or body. Infantile maras-

* Read before the Practitioners Club, Detroit, April 16, 1896.

Digitized by Google

mus from defective nourishment, the emaciation being marked about the neck which seems to be too thin to support the head.

The *natr. mur.* patient is sad and tearful. Especially is the low spirited condition present in chronic affections calling for this remedy. This tearful condition is unlike that of the *puls*-patient who is of a tender yielding disposition desiring consolation whereas the *natr. mur.* patient is made worse by condolence. In fact there is very apt to be marked irritability, the patient becoming angry at every little trifle, the mind dwelling on past disagreeable occurrences.

Intellectual ability is impaired. There is loss of memory and disinclination for mental work. Choreic symptoms; excitable, laughs immoderately at something not ludicrous; fingers move involuntarily; limbs tremble; muscular jerks; awkward; lets things drop. Other symptoms of the nervous system are spinal irritation; backache relieved by lying on something hard; paralyzed feeling in lumbar region; worse in morning after rising, weak ankles; feet turn under when walking.

Natr. mur. produces a headache which is throbbing as from little hammers beating in the head mostly in the forehead. The headache begins in the morning on waking and is aggravated by mental exertion. Also headache of schoolgirls who apply themselves too closely to their studies. There is sharp shooting pain about the head and bruised sore feeling about the eyeballs especially when moving the eyes. Another characteristic headache begins at 10 a. m. and lasts till 3. p. m.

Natr. mur. produces weakness of the muscles, especially the muscles of the eye. The lids feel stiff when moving them. There is marked asthenopia. The letters become blurred and run together when looking steadily at them. The internal recti muscles are especially affected. It is also indicated in scrofulous ophthalmia especially when nitrate of silver has been abused. There is smarting burning pain and a feeling of sand beneath the lids. There are acried tears and the eyelids are spasmodically closed. They are inflamed and agglutinated in the morning. Corneal ulcers.

Natr. mur. acts on the mucous membranes causing hypersecretion of mucus. Alternate fluid and dry coryza. Sneezing, wings of nose apt to be sore. Loss of smell. Hawking of mucus from throat in the morning.

In the male genital organs it causes great weakness, giving rise to seminal emissions during sleep, followed by debility and great weakness. These emissions may take place without any sensation whatever and the patient have great weakness of the back and trembling of the knees. It is indicated in gonorrhœa, especially when chronic, in which the discharge is usually clear although it may be yellowish and there is marked cutting in the urethra *after urination.* Especially useful in cases that have been abused by nitrate of silver.

In women the menses may be too early and too profuse or late. The patient is usually chlorotic. There is increased sadness before menses. Also palpitation of the heart and throbbing headache. In prolapsus uteri the distress is felt principally in the morning owing to the relaxed condition of the system. "When she gets up in the morning she must sit down to prevent prolapsus." This is accompanied by spinal irritation and backache relieved by lying on the back with the arm or a pillow under the back. There is also cutting pain in the urethra *after urination.*

If there is constipation the stool is hard, and difficult to expel, fissuring the anus, causing bleeding, smarting and soreness.

The diarrhœa is usually of the chronic variety. It is made worse by farinaceous food and hot weather, and comes on especially in the morning after getting up.

On the skin *natr. mur.* produces urticaria. Wheals form on various parts of the body. The itching is very annoying and is most marked about the joints. It is made worse

Digitized by Google

by exercise and exposure to cold damp especially at the sea side. Herpetic eruptions about mouth and on arms and thighs; humid on scrotum and thighs; during fevers, at bends of elbows and knees. Crusts with deep cracks, scaly eruptions on flexor surfaces. Hydroa labialis. The sebaceous glands are stimulated. Sebum in excessive quantities is poured out giving the skin an oily appearance.

In the characteristic intermittent fever of *natr. mur.* the chill begins in the fingers or fingers and toes or small of back. with blue lips and nails. Thirst drinking often and much at a time fever blisters about mouth. Thirst increases with the fever and continues during the sweat; large quantities and often. During the fever there is intense throbbing headache. Chill from 10 to 11 a. m. Intermittent after abuse of quinine.

In *natr. mur.* there is longing for bitter things, beer, farinaceous food, sour things, salt. Aversion to meat, bread, coffee. It is complementary to *apis.* antidoted by *nitr. spir. dulc., phos.* (especially abuse of salt in food) *arsen,* (bad effects of sea bathing.)

Antidotes: nitrate of silver where this agent has been used for canterization, the abuse of quinine in intermittents.

Case. Oct. 4th, 1895 was consulted by Miss X. aged 19. Since the age of 14 had been a great sufferer from headache which sometimes came on *early in the morning* but generally *about 10 a. m. and disappeared about 3. p. m.* During headache face much flushed deep crimson. Could scarcely keep eyes open when headache was bad. Menses late and scanty. Menses checked if feet became at all wet. Bad taste in the morning. Felt nervous and was easily irritated when not feeling well. Gave a dose of *natr. mur.* cm. dry on the tongue, and sac. lac. Oct. 12. Reported severe headache on Saturday and Sunday but none on Monday, Tuesday or Wednesday. (Had not been free from headache for more than a day at a time for a long time.) Yesterday headached a little and had fever from 3 to 4 p. m. sac lac. Oct. 19. has had very little headache since last here. sac. lac.

Reported from week to week that she had no headache whatever, but that the pain in her back from which she had suffered more or less for five years had become much worse.

Nov. 8. Gave her a dose of *sepia cm.* which relieved her entirely of the pain in her back.

STROPHANTHUS IN HEART TROUBLES.

BY GEORGE A. ROBERTSON, M. D.
BATTLE CREEK, MICH.

For several years I have been using *strophanthus* with good results in heart troubles.

So far as I can learn we have no proving of this valuable remedy. Our knowledge of the drug being limited to clinical operations and toxical effects. With a better knowledge of its pathogenic action, it would, no doubt, prove a valuable acquisition to our materia medica.

Strophanthus hespidus, a woody climber, is a native of Asia and Africa. The seeds of the plant are employed in medicine, and from them is prepared the Kombe arrow poison, so fatal to animal life.

Animals quickly succumb to its effects, death resulting it is supposed, from Cardias arrest, or respiratory paralysis.

Moderate doses in man produce pronounced increase in blood pressure. Its probable effect is to induce contractions in the muscular coats of the arterioles, helping thereby to increase arterial pressure. The effect of a full therapeutic dose is to lower the pulse from ten to twenty beats, increasing at the same time its force and volume, without producing other symptoms, unless it be increased diuresis.

In many respects it resembles *digitalis* in action, affecting the pulse much more quickly, and its effects are much less protracted than the latter, usually lasting from four to eight hours. It is said not to be cumulative in its action. Indications for its use will be found

Digitized by Google

in persons who are pale, anemic, and exhausted from whatever cause; who suffer from shortness of breath on moving about; with paroxysms of dyspnea coming on in the night, and after sleeping, obliging the patient to sit up in bed; also with death-like faintness with sharp pains in the region of the heart.

The pulse is weak, rapid, and is diminished in volume, increased in frequency on motion· obliging the patient to avoid all exertion· Under its use I have found the above symptoms to promptly disappear, the breathing become easier, pulse slow down, appetite and strength return.

The dose is from four to six drops of the tincture every four hours until relief is obtained. I have had no experience with the dilutions.

GALLIC ACID AS AN HÆMOSTATIC.

BY JAMES A. FREER, M. D.,
WASHINGTON, D. C.

The frequent. cursory, and inadequate reference in medical literature to the usefulness of gallic acid, together with a high appreciation of its medicinal qualities, impel me to make this brief imperfect reference to its origin, and to pay it this clinical tribute with the hope of broadening its sphere of usefulness.

It is found in nut galls, sumac, uva ursa, and a number of other astringent plants and had been confounded with tannin until 1785 when it was recognized by Scheele.

Although gallic acid is not astringent when tasted or applied to a bleeding surface, it exerts a powerful influence over all forms of passive hæmorrhage when taken internally, hence, in purpura, epistaxis, hæmaturia, hæmoptysis, menorrhagia, and intestinal hæmorrhage it may prove useful. It has also proven valuable in excessive diaphoresis of nocturnal or other form, and in polyuria.

It may be administered in doses of from five to twenty grains, at intervals as indicated by the urgency of the symptoms, though in the writers experience it has not been found necessary to administer but one dose daily, and this by simple force of habit has come to be administered at bedtime. As far as has been determined by the writers experience and observation the beneficial results following its administration are due to its power of increasing the coagulability of the blood.

The following selected cases fairly indicate its efficacy in some range of maladies in the writers experience.

Case 1. Widow aged forty-seven, mother of four children menstruating irregularly, and losing at each period such an amount of blood that she was becoming debilitated and anæmic Some tendency to hæmophilia had been manifested at the time of her confinements, and on at least one occasion had seriously complicated her convalescence.

She was found to have suffered from stellate laceration of the cervix uteri and the different lacerations had cicatrized to such an extent that the cervix was almost entirely composed of cicatritial tissue. Trachelorraphy was undertaken, and in removing the cicatritial plugs the circular artery was severed and was followed by an unusually profuse hæmorrhage until it could be controlled. The cervix was sutured and the patient returned to her bed in good condition but suffering rather more from shock than is customary after trachelorraphy, this was slowly recovered from and satisfactory progress made during the ensuing twenty four hours, at the end of which time upon the removal of some vaginal dressings hæmorrhage again commenced very profusely, the uterus was speedily packed and the hæmorrhage readily controlled. After the lapse of forty eight hours the uterine packingwas removed and no bleeding followed. From this time for about ten days good progress was made, at the end of this time, the shock resulting from the conduct of an unkind visitor seemed to cause entire vaso motor relaxation and very profuse hæmorrhage resulted; medical assistance not being immediately available she became seriously

Digitized by Google

exsanguinated before successful measures for her relief could be employed. Under the influence of enemas of warm salt solution and such remedies as seem indicated, convalescence was soon successfully inaugurated and progressed nicely for about two weeks when upon the receipt of an unwelcome letter the above described event underwent repetition. Such extreme anæmia followed this attack that the preservation of life seemed impossibe and hope was almost abandoned, however, owing to remarkable tenacity of life and most careful medical attention another rally was made, and this time the administration of ten grains of gallic acid was commenced within a day or two of the cessation of the hæmorrhage and continued for about two weeks, and from the time of commencing its administration until the present over three years, no blood has passed from the uterus and the health of the patient has been perfect. Excellent repair of the cervix followed the operation notwithstanding the early post operative manipulation.

Case 2 Widow, aged eighty five, a frequent sufferer for some years from epistaxis which had caused considerable alarm to her friends on account of its frequency and profuseness. The writer was called to attend her in an attack of unusual severity but upon arrival found the hæmorrhage had been staunced by the spraying of the nostril with a solution of the perchloride of iron by a "regular practitioner of medicine." Gallic acid was prescribed in ten grain doses at bedtime and continued for one week with the result, that from that time to the present, two years, there has been no recurrence of the epistaxis.

Case 3 Young lady aged eighteen, of good parentage and well developed, a sufferer from epistaxis since the commencement of menstruation, and mainly at the menstrual period when it was of vicarious nature: Gallic acid was prescribed in six grain doses at bedtime for ten days, the epistaxis ceased abruptly upon commencing the treatment and has not returned since, nearly two years having now elapsed.

Case 4 Single lady aged twenty eight, a sufferer at several periods of her life from passive pulmonary hæmorrhage, came under my care suffering from pulmonary hæmorrhage which had annoyed her for several days at intervals, the above remedy was administered in ten grain doses at bedtime for about one week, the hæmorrhage was readily controlled and its cure has so far remained permanent.

Case 5 Mother of several children, at menopause, suffering from metrorrhagia caused by a fibroid tumor of the uterus; gallic acid was administered in this case in doses of ten grains at bedtime for about two weeks with the result of controlling the hæmorrhage permanently.

The foregoing are specimens of the cases in which the writer has found gallic acid useful, and the results obtained from its employment, have never been disappointing even in the most debilitated cases where the blood has been extremely impoverished and most deficient in coagulability.

UNUSUAL NEUROSES OF THE EARLY MONTHS OF PREGNANCY.

BENJ. T. BAILEY, M. D.
LINCOLN, NEB.

I report these cases as they might be mistaken for some form of abdominal trouble demanding laparotomy and in any case the tendency is to give to the attending physician an undue amount of anxiety, greater than the gravity of the case demands.

Case 1. From the first week of pregnancy was harassed with the most agonizing pains in the left ovarian region, at times these pains would seem to locate in the uterus, and the uterus vagina and left ovary seem exceedingly sensitive, upon examination—the patient was quite stout—the abdominal walls would be thrown into such a condition of tonic contraction that with the best of council it was impossible without an anæsthetic to determine whether or not there was pre-

Digitized by Google

sent either hypertrophy or neoplasm. These symptoms were accompanied by the most intense dysuria and excessive vomiting. The os uteri was hard, blue and resisting. After careful consultation my confréres agreed with me in the probable diagnosis, by exclusion, of pregnancy.

Having racked the Materia Medica from Alpha to Omega without relief and having come to the decision that this was a pure neurosis due to an unusually stubborn and congested cervix I decided upon a line of treatment as follows:—Every morning I applied a boro glyceride tampon. Internally I gave *arsenicum* and material doses of *as a foetida.* The relief was almost immediate and the patient passed safely through pregnancy and since confinement is in better health than for years. This patient I may add was about 35 years of age, of exceedingly nervous temperament and this was her first pregnancy.

Case 2. A young woman, short time after marriage began to suffer excessively with pain in the left ovarian region this followed a suppression of the menstrual flow and was accompanied by some nausea. A physician was called, who at once diagnosed the case as extra—uterine pregnancy and desired that arrangements be made for immediate operation, which would be the only way possible to save her life. The family did not take kindly to this and called in another physician, who told her to save her money to go to housekeeping with, for he had no question but what it was purely a case of pregnancy, but nevertheless the pain continued to increase, she lost flesh and suffered as intensely as it would be possible to with an acute ovaritis, and there was excessive sensitiveness of the left ovarian region. A third physician was called and he agreed with the diagnosis of the second physician. In the absence from the city of this third physician I was called to the case and I agreed with the last two physicians. Though the three last physicians in the case agreed upon the probable diagnosis of the case, nevertheless I felt sure that there was lingering in the minds of each of us a little question as to whether or not pregnancy was complicated by some actual ovarian disease. Examination showed the cervix to be badly anti-flexed so much so that although the fundus was in the normal position the external os absolutely pointed upward and forward. The case was suddenly relieved by the same treatment as in case number one and immediately when the pain was relieved all soreness and sensitiveness was gone from the ovarian region. At about the third month the uterus was emptied so far as we know by the voluntary effort of nature. This miscarriage was followed, however, by a slight temperature and offensive discharge which necessitated curretting and irrigating the uterus. While under an anæsthetic for this purpose we made a careful examination and were unable to discover any affection of either the ovaries, tubes or ligaments. A thorough examination was easily possible as the patient was of very spare habit.

That this article may not be too long I will omit one or two other cases of similar nature, which I intended to report, as they would largely be a repetition of these symptoms and only call attention to the same neurotic condition. To summarize all these cases that I have seen have been accompanied by a rigid, congested cervix which has been unwilling to yield as the uterus was ready to enlarge. The softening depletory effects of glycerine accompanied by the use of some mild anti-spasmodic was immediate in effect and gave complete relief.

That I may not be misunderstood I will say that in these several cases which to my mind as well as to the mind of my consultant a man of many more years experience than myself are rare. In these cases I say I have tried thoroughly to find a remedy in the materia medica which covers the totality but without avail. It may be the fault of my consultant and myself that we were unable to find this similimum remedy but the cases were certainly quickly relieved by the means

Digitized by Google

mentioned, and they were a source of no small anxiety to those of us to whose care they fell. I trust that this report may possibly help to reassure some one who is placed under the same anxiety and doubt as myself.

SOME HINTS IN THE MANAGEMENT OF IRITIS.

BY E. D. BROOKS, M. D.

ANN ARBOR, MICH.

In this day of specialties and specialists the diagnosis and treatment of diseases of the eye may properly be said to belong to the oculist, but many communities are destitute of men in that line, so it often falls to the lot of the family physician to treat inflamed eyes. It is the desire to be helpful to the hard-worked practitioner in such cases that prompts the writing of a paper, which shall set forth a few clear-cut, diagnostic symptoms and a simple and effective line of treatment.

Your patient says "Doctor, I have a sore eye." You remove the handkerchief he wears to exclude the light, and because he didn't know what else to do for it, and discover this condition of affairs :—more or less redness of the eyeball, which may remind you of conjunctivitis, but on turning your attention to the iris you see it has lost its lustre and its pretty pencilings, and assumed a muddy appearance, and a reddish or dirty gray color, quite in contrast with its healthy mate. The pupil is small, and does not change in size when suddenly uncovered and exposed to a bright light ; especially is this true if its border is adhered to the lens capsule.

The pupillary space may be clear and black or may be filled with the products of inflammation so as to appear milky or opaque.

There is usually pain of a burning, aching or shooting character in or about the eye, which is often very sensitive to light, sometimes so sensitive that you can hardly examine it.

The aqueous humor is frequently cloudy, the degree of cloudiness, depending upon the duration of the attack and the variety of the disease, *i. e.*, serous, plastic or suppurative. Often little points of exudation will adhere to the posterior surface of the cornea, or a pyramid of pus, base down, forms in the lower portion of the aqueous chamber.

The case may simulate, in some features, several other forms of disease, such as, conjunctivitis, blepharitis, etc., but the appearance of the iris will settle decisively the question of diagnosis.

Be guarded in your prognosis, especially if the iris is adhered to the lens capsule.

As adhesions are to be guarded against, as destructive to the eye, a solution of *atropine*, 4 grs. to the ounce of distilled water, a drop in the eye from one to three times a day is sufficient, in ordinary cases, to widely dilate the pupil, at the same time drawing it away from the lens, preventing adhesions, putting the inflamed tissue to rest, relieving pain, and subduing inflammation, thus shortening the attack.

If adhesions have formed which will not separate by the use of *atropine* in the above strength, no time should be allowed to pass before consulting an oculist, who will make every effort to break them up.

Quiet in a darkened room, and non-use of either eye should be enjoined, and dark smoked glasses worn when exposure to light is unavoidable.

Heat, either moist or dry, applied continuously for an hour or two hours twice a day or oftener, and as hot as can be well borne, is usually grateful and beneficial.

Cold applications are seldom of use after the first 18 hours of an attack, though they may be freely used early after an injury, rather to prevent than to subdue inflammation.

Of internal remedies there are many from which to select, indicated by the form, stage and cause, as well as by the symptoms presented, but for the majority of cases, one of the following will suffice:

Aconite, if you see the case within the first

Digitized by Google

twenty-four hours, if the attack can be traced to exposure to cold winds, and if anxiety and restlessness are prominent.

Belladonna, also early in the attack, but lacks the mental symptoms of *acon:* while redness of the conjunctiva, with flushed face and throbbing headache are present.

Bryonia, when rheumatism accompanies or causes the iritis, which is accompanied by sharp, shooting pains in and about the eye by motion.

Gelsemium, for the serous variety, with cloudy aqueous, and concomitant symptoms of the remedy.

Hepar Sulph. when pus has formed and deposited in the anterior chamber. The eye is very sensitive to touch and to cold.

Mercurius, for the nightly aggravation, with bone pains and other mercurial symptoms. In some of its forms very frequently needed for any of the varieties of iritis.

Rhus is often indicated in the rheumatic and traumatic forms, with swollen lids spasmodically closed, with a gush of tears on opening the eye. Also if the trouble is worse at night, after midnight, and in damp weather.

Spigelia and *cedron* relieve the neuralgic pains, the latter having a marked periodicity.

Sulphur rouses the reactive forces, often starting chronic cases on the road to recovery, as well as relieving the sharp, sticking pains.

In the syphilitic variety you will find *asa-fœtida* useful when the bone pains are marked and from within outwards, relieved by rest and pressure, while *aurum* has pains from without inwards worse from touch, with suicidal melancholy. Both are useful after too much mercury, which is not often indicated in this variety, but will cure in the potencies if at all.

Nitric Acid in the chronic syphilitic form, worse by day; also after mercurialization.

Thuja where syphilitic gummata have formed on the iris, with sticking pains, worse at night, like *mercuris*, but relieved by warmth, which aggravates the *mercurius* patient.

Your Materia Medica will prove to be your best friend in these cases, and when you are not clear as to the right course to pursue, consult an oculist rather than let your patient's eye go to the bad.

REMOVAL OF A FRAGMENT OF BONE FROM THE LARYNX.

BY C. F. STERLING, M. D.,
DETROIT, MICH.

The principal reason for giving the brief account of the following case is the comparative rarity in this country of foreign bodies in the larynx and their successful extraction.

The character of the substances that find lodgment in this region is as varied as the variety of articles which may be introduced into the mouth. Broadly they may be divided into two classes viz: fragments of food, and extraneous matters which may be introduced into the mouth for temporary purposes as needles, pins, coins, buttons, etc.

It is said that of the first class, impactions in throat are far more common in other countries than in the U. S. for, however, far our table manners may yet be from perfection, the canine like bolting of food is much more prevalent abroad, than here notwithstanding the many sarcasms levelled at our American habit of hasty eating.

As for the second class, children are children the world over, and so are women, putting things into their mouths for curiosity, pleasure, convenience or any other reason that may appear good for the time being. Articles generally enter the respiratory tract by reason of an involuntary or careless inspiration while being held loosely in the mouth or in the case of buttons, coins, small screws and the like, their specific gravity aided by some unconscious movement assists their entrance while epiglottis is in a favorable position.

Small bones as of fish are peculiarly liable to become fast in the throat, although most frequently in the pharyngeal region or œsophagus. Lying loosely in the buccal cavity a small fragment of bone is easily drawn by

Digitized by Google

inspiration within the laryngeal orifice.

On Monday March 16th a young woman came to my office with the statement that while eating the wing of a chicken at supper on the preceding evening she had been unfortunate enough to have a bone lodge in her throat. She further stated that she had applied to three physicians, each of whom after making an examination (?) had declared that there was no foreign body to be seen.

She was interrupted several times while telling her story by violent paroxysms of coughing. Attempts at an examination were frustrated by severe gagging and retching alternating with vehement attacks of the same poroxysmal cough. Frequent spraying with a 3 per cent solution of cocaine finally reduced the sensitiveness, and permitted me to have a fair view of her throat. Nothing was to be seen in the pharyngeal space, although the mucous membrane was very much congested. Within the larynx however, a slender white line was seen reaching across from beneath the left arytenoid to the inferior surface of the epiglottis, perhaps a quarter inch in length, looking exactly like a thread of white mucous which I was inclined to think it might be. Two or three fits of coughing and retching interrupted the examination at this point Spraying again with cocaine I found at my next inspection the same white line, which had it been mucous would have been dislodged.

I introduced a pair of Makenzie's laryngeal forceps and closing them upon the white thread, made gentle traction, but it did not yield. Realizing now that it was a foreign body and impacted at both ends, one into the tissues near the cartilage of Wrisberg, the other into the inferior surface of the epiglottis, I made pressure downward and forward to free the epiglottal impaction, succeeded, and withdrew a sliver of bone seven eights of an inch in length to the great relief of the patient, and my own intense satisfaction.

It may not be out of place to refer to one or two practical points in the management of such cases. The patient is usually in a state of great excitement and fear. The natural sensitiveness of the parts magnifies the discomfort and the mental perturbation increases very largely the reflex action. Unskillful and blundering attempts at examinations render the difficulty still greater. In the case of children who have been badly handled it becomes almost impossible to do anything without a resort to anæsthesia, and under an anæsthetic new difficulties present themselves on account of the recumbent position, the consequent deficient illuminations and the lack of co-operation on the part of the patient. The last factor is of inestimable value in making examinations and it becomes almost *nil* under the conditions referred to above

(It should be understood that the class of cases of which I am speaking is that in which there is no immediate danger of asphyxiation but the history and symptoms give good evidence that a foreign substance is somewhere imbedded in the respiratory or deglutitory tract.)

The first necessity in the cases we are considering is to secure the confidence and tranquility of the patient. For any successful examination or extraction except through an external incision, this is well nigh imperative. Therefore, the utmost gentleness and delicacy in manipulation should be exercised to minimize the difficulties inseparable from these cases. I well remember the case of a little girl reported to have drawn within the respiratory tract a small piece of metal she was holding in her mouth. Numerous attempts had been made by well intentioned physicians to examine the parts, without getting even a view of the epiglottis until the child was nearly frantic with apprehension and terror of further efforts. It was some time before I succeeded in tranquilizing her but when I did I found her voluntary co-operation of the greatest assistance and was enabled to view the parts to the bifurcation of the trachea, with the practical result that I was enabled to declare that no foreign substance was lodged within so much of the tract as was under inspection and avert a proposed needless tracheal incision in spite of a clear history that the article had passed through the larynx. This subsequently was verified by the projection of the article during a violent paroxysm of coughing. It's small size and

Digitized by Google

specific gravity had carried it into the bronchi beyond the first division when it was expelled as related.

In the case which forms the basis of this article the patient rendered me very material help by her intelligent endeavors to do exactly as I requested her. Of course since the introduction of cocaine the difficulties have been lessened but even with the anaesthetic effect of this drug the mental equilibrium should be secured as far as possible. In the use of cocaine the text books recommend a 20 per cent solution. I find for most purposes in the nose and throat that a 2 to 4 per cent preparation answers most of the requirements. Frankly I am afraid of the stronger solutions for I have seen some unpleasant effects from their use.

There is a precentage of cases, fortunately small in which the offending substance is so large as to nearly or quite occlude the respiratory passage. Such cases are fearful to witness and generally prove fatal before help can be secured the patient dying,literally choked to death.

Should one be unfortunate enough to be confronted with such an emergency before a fatal issue occurs, tracheotomy is the only resource.

There is no time to lose. Antisepsis, proper instruments, assistance, counsel, all must be foregone. It is a question of prompt action to save a life. A penknife and a couple of hairpins are not ideal surgical instruments but they have answered and they may again. Having re-established respiration through the tracheal opening, proper preparations for examinations, diagnosis and removal, either per orem or through an external incision may be made a little more at leisure.

The subject is an interesting one and much may be written on the different phrases presented but I have already exceeded the limits I set for myself.

The Monument to Hahnemann.

With a view of having a measure of justice done to the memory of Hahnemann as a scientific man and philosopher, above all the prime cause and leader of the great reform in medicine that has taken place in this nineteenth century, the American Institute of Homœopathy inaugurated a movement at its meeting in 1892 to erect to his honor, in the city of Washington, a monument worthy of the man and his achievements, and appointed a committee with authority to carry out the undertaking.

This committee held meetings in Washington, New York, Chicago, Denver and Newport and carefully considered the whole matter of the Monument; its design, the selection of a sculptor, the site upon which it should be erected and the ways and means to secure the necessary funds. It is now happy to report that a design has been secured worthy of the object and possessing such artistic merit as to command a conspicuous position at the National Capitol, and that work upon the Monument is actually in progress.

The accepted sketch and specifications provide that the Monument shall be built of the finest gray granite, with statue and bas-reliefs of standard bronze. The form is that of the Greek exhedra and is elliptical in plan. Four steps in front lead up to a platform upon the lesser axis, at the back of which rises the superstructure. A sitting statue of Hahnemann, heroic in size, on a granite pedestal, is placed in the center portion,which is composed of four columns supporting an entablature, above which is an attica with the inscription "Hahnemann." On the base of the pedestal is the motto "Similia Similibus Curentur." Between the two front columns and forming the background of the statue is a niche, also elliptical in plan, terminating in a semi-circular arch above the impost. Four commemorative bronze tablets are placed in two panels on either side of the niche, upon the curved walls, representing in bas-relief the four epochs of Hahnemann's

Digitized by Google

life.

The statue itself is the culmination of the plan of the Monument. By the expression of the features and the pose of the figure it is designed to convey the characteristics of the philosopher, philanthropist and teacher and above all the leader of the great reformation in the medical practice of this period. As the monument is to stand in an open space approachable from all sides, it is sought to make it attractive from all points of view.

A contract has been signed for the erection of this grand structure, to be completed early in 1897, at the cost of $48,800, exclusive of the foundation.

Subscriptions to the amount of $75,000 will be required to complete the Monument with its fitting accessories and surroundings.

Report of Detroit Board of Health for March, 1896. Total number of births 456; stillborn 33; rate per 1.000 inhabitants per year 21.47.

Total deaths 440. Death rate exclusive stillborn 16.29

Contagious Disease Record.

Diphtheria, new cases 40, deaths 15; scarlet fever, new cases 33, deaths 3; small-pox, new cases 3, deaths 1. There is at present no case of small-pox in the city.

Some of the principal causes of death were convulsions 28; carcinoma 14; heart disease 21; la grippe 5; consumption 31; pneumonia 44; typhoid fever 5; variola 1; apoplexy 14; meningitis 12.

Examinations for Klebs Loeffler Bacillus 22. True diphtheria found 4; false 13; indecisive 5.

Number of tons of garbage collected 1,114.

Daily mean temperature 28.7° Max. temp. 63° Min. 4° Rain fall 2.28 in.

Transportation Bulletin No. 2.

A rate of fare and a third for the round trip has been granted by the various Railway associations.

The following lines from our prominent points seem the most practical for our members. From Boston a train leaves via the Boston and Albany road at 3 P. M. daily connecting at Albany with a train leaving New York at 6 P. M. via the New York Central road, passes Niagara Falls at 7 A. M. the following morning and arrives in Detroit at 12:45 P. M. in ample time for the conference or meeting.

A train leaves the Pensylvania depot in Jersey City at 6:10 P. M. daily via the Lehigh Valley road also a through vestibuled express. Members leaving Washington at 3 P. M. Baltimore at 3:50 P. M. via the B. & O. road can with the Philadelphia members take a train leaving Philadelphia at 6:33 P. M. connecting with the aforesaid New York train at South Bethlehem Pa., and run via Rochester and Suspension Bridge (reaching Niagara Falls at 7 A. M.) over the Grand Trunk system to Detroit arriving at 1:40 P. M. Through cars from Washington, Philadelphia and New York.

From the far west the Union Pacific which was the official road at the time of the Denver meeting and the Chicago and Alton from St. Louis and Kansas City offer excellent through service to Chicago. The Union Pacific will be pleasantly remembered by those present at the Denver meeting. The Chicago and Northwestern road which connects with the Union Pacific road at Omaha is *the* road of the Northwest. Its service from Milwaukee, Minneapolis and St. Paul is unexcelled.

From Chicago trains leave for Detroit via the Michigan Central road at 10:30 A. M. 3 P. M. 9:30 P. M. and 11:30 P. M. on all of which the service is excellent.

The Grand Trunk system also runs an excellent train leaving Chicago at 8:15 P. M. arriving in Detroit at 7:35 A. M.

From Cleveland there is a service by boat the round trip being $3.00. The Ohio delegation will find this a convenient and enjoyable route.

Digitized by Google

While not wishing in any way to seemingly advertise any one line the above roads seem to offer the quickest and best service.

The members of this committee will take pleasure in securing Pullman accommodations over any of these routes. If they are reserved in advance special cars and perhaps trains can be obtained. Apply to Dr. Richard Kingsman, Washington, D. C., Dr. E. F. Storke, Denver, Col., Dr. W. H. Hanchett, Omaha, Neb., Dr. A. E. Neumeister, Kansas City or to the chairman, stating what is desired in the line of Pullman accommodations.

Instructions as to procuring tickets and certificates will be published in the June Journals.

W. A. Dewey, M. D., Chairman.
170 West 54th St. N. Y.

Extension of Time for Return Tickets.

The Transportation Committee after much hard work has obtained from the Central Passenger association an extension of time for the purchase of return tickets until July 2, 1896, provided the tickets are deposited with the sec'y of the Railway Ass. of Michigan before the adjournment of the meeting and to be retained by him until the persons named therein desire to return from Detroit. The Southern States Passenger Assn. has agreed to this also and so will the others; the Trunk Line Assn., Western Passenger Assn., Transcontinental and New England.

The Practitioners Club met Thursday evening April 16th, Dr. Knight in the chair. The matter of reorganization was again taken up and after the discussion, it was decided to change the name to "The Detroit Homœopathic Practitioners Society," and to make the officers elective for the term of one year the first election to take place at the meeting on the third Thursday in May.

Dr. Kendall read a paper on *natrum mur.*, and Dr. R. H. Stevens read "A few public Health Suggestions" dealing for the most part with the "spitting nuisance." At the meeting to be held May 7th Dr. G. G. Caron will read a paper on "*Anacardium orientale.*" Dr. Mary Willard was elected chairman for next meeting. It is hoped that all the homœopathic physicians in Detroit will join the society as reorganized and thus make it thoroughly representative.

Dr, Henry E. Beebe, vice president and only homœopathic member of the Board of Medical Examiners of Ohio, was born on a farm near Carey, Wyandot county, July 24, 1849. His boyhood days were spent in the country, where he received the usual education of district and village schools, finishing with a part course in Wittenberg College, Springfield, Ohio. He entered the Cleveland Homœopathic Hospital College in 1871, graduating therefrom in 1873, at the age of twenty-three years. He located in Sidney the spring of his graduation, and has remained there in general practice ever since, except when absent from home pursuing post-graduate work, which he has taken at various times, both in this country, and in Europe.

Dr. Beebe was president of the Homœopathic Medical Society of Ohio in 1886, and secretary during the previous five years. He has been an active member for many years of the American Institute of Homœopathy, the American Public Health Association, and local medical societies. He has also been for a number years one of the board of censors of his alma mater, as well as a member of the board of counselors to Pulti Medical College.

A New Professorship for Harvard.

Through the munificence of a prominent merchant of Boston, whose name is not made known, Harvard University is to have another department added to its medical school —that of comparative pathology. The benefactor advances the sum of $100,000 for the endowment of the chair.

The value of the gift is augmented by the fact that this was the first establishment of a professorship of comparative pathology in any of the great universities of America; for outside of the veterinary schools, there has been no such thing as a chair of this description in the medical departments of the colleges.

Digitized by Google

THE MEDICAL COUNSELOR.

A Journal of Homœopathy and Collateral Sciences. Published Monthly by The Medical Counselor Publishing Club, 6 West Adams Avenue. Detroit, Mich.

EDITORS,

Harold Wilson, M. D., Stephen H. Knight, A. M., M. D.

ASSOCIATE EDITORS.

Materia Medica.—M. W. VAN DENBURG, M. D. Fort Edward N.Y
R. MILTON RICHARDS, M. D., Detroit.
Surgery.—CHAS. S. MORLEY, M. D., Detroit.
Medicine.—ROLLIN C. OLIN, M. D., Detroit.
Eye, Ear, Nose, Throat.—D. A. MACLACHLAN, M. D., Detroit
Obstetrics, Gynæcology and Pædology,—
E. LOUISE ORLEMAN, M. D.,
MARY THOMPSON STEVENS, A. B., M. D., Detroit.
Diseases of the Chest.—W. R. MCLAREN, M. D., Detroit.
Mental and Nervous Diseases.—W. A. POLGLASE, M. D., Lapeer.

COLLABORATORS.

M. C. SINCLAIR, M. D., Grand Rapids, C. G CRUMRINE, M. D. Battle Creek, D. M. NOTTINGHAM, M. D., Saginaw.

Subscription price Two Dollars per year. Single copies 20 cents.

Communications are invited from all parts of the world. Contributions, books for review and exchanges should be addressed to the Editors, **14 Willis Ave. West,** *Detroit, Mich.*

Business letters and remittances should be addressed to Rollin H. Stevens, M. D., Business Manager, 6 West Adams Avenue Detroit, Mich.

Editorial.

Sky-Scrapers.

That the erection of the very high buildings which disfigure all of our large cities is only a passing fancy, not destined to be permanent is already in evidence. In some states, as Massachusetts, legislation has been directed against them, and the height to which they may be erected limited. To one of artistic sensibilities a sky-scraper is an eye-sore—a blemish upon the landscape. They shade the surrounding buildings and make the streets damp and dark. That they were a menace to the best sanitary conditions of a city has long been suspected, but it has remained for Mr. Charles F. Wingaté, the sanitary engineer, of New York, to call attention to a new and more serious danger wherein draughts of sewer gas from the escape pipes of the tall buildings poison the air circulating about their lower neighbors. In a recent article in the New York *Sun*, he says as follows :

"In a recent notable case the entire family of the superintendent of a large office building occupying spacious rooms on the roof, surrounded by loftier buildings, but with a magnificent outlook over the harbor, have suffered from severe forms of zymotic disease, including repeated attacks of malarial fever, so that the family have been nearly decimated and have been forced to abandon their apparently ideal quarters. Growing plants were destroyed by the virulent odors which penetrated their rooms, so that it was impossible to open windows, or to occupy the appartments for living purposes."

It has been known for a long time that the lower offices in these buildings were undesirable because so dark. The buildings themselves are exposed to the danger of corrosion of their frames in parts unaccessible and out of sight, as well as to the melting of their walls during a hot fire in the neighborhood. Mr. Wingate has pointed out a new danger, and one in which the boards of health in every city should become interested and endeavor to prevent, even going to the length of securing legislation upon the matter.

S. H. K.

The June Counselor.

The June number of the COUNSELOR will contain a souvenir program of the Institute session at Detroit. The number will contain special articles of interest to all members of the Institute. It will contain views and descriptions of interesting and picturesque localities about Detroit and various places in Michigan. The number will be of great value to all who intend to be present at the meeting of the society. Those desiring one or more copies should send their name to the business manager.

From now until Jan. 1st, '97 we will contribute *one-half* of all *cash* subscriptions to the COUNSELOR to the Hahnemann monument and have the contribution entered in the name of the one sending us the subscription.

Digitized by Google

During the session of the Institute in Detroit next June we shall publish a DAILY COUNSELOR which we shall sell at ten cents per copy. The *entire profits* from the *sales* of the DAILY COUNSELOR will be given to the Hahnemann Monument Fund. Those who do not attend the session of the Institute, by sending fifty cents will receive the six numbers of the DAILY COUNSELOR thus enjoying the reports of the Institute session and at the same time contributing to the fund.

S. H. K.

The Meeting of the American Institute.

We wish to call the attention of the Michigan physicians to a communication from the president of the state society, in another part of this number. The president has presented clearly and fully the entertainment that is in store for the members of the profession in our state and we wish simply to emphasize a few points referred to by him.

The American Institute has never met in Michigan but this year in the place of a long railroad journey and an expensive trip we have it all at our own door. The officers of the Institute confidently expect our doctors to appreciate this fact, and are looking for at least 300 of them to be present at some part of the session. The Institute has met in Michigan this year in order to show the sympathy of its members with our struggles and to lend the influence of their presence and moral support; the least we can do in return is to be present at the session and help make the meetings of the greatest interest possible.

In order not to interfere with the attendance at the Institute, it has been decided to omit the literary and scientific work of the State Society at the meeting to be held May 19, as required by the constitution, and to offer a motion to adjourn until the time of the meeting of the Institute. The states of Ohio and Illinois will send a small army to the meeting, let not Michigan be behind!

Again there are comparatively few members of the Institute amongst our number. Now is the time for us to show our interest in our great National Society by joining its ranks in large numbers. Let every one come to Detroit prepared to join and to make this meeting a record breaking one for new members.

S. H. R.

The Removal Bill.

On Tuesday May 5, before the Supreme Court at Lansing the *mandamus* of the Homœopathic physicians to compel the regents to remove the Homœopathic College to Detroit was argued directly upon the grounds of the right of the regents to refuse to obey the specific directions of the legislature. If the court decides against the regents there is nothing left for them to do but remove the college to Detroit. If in their favor, amendments to the constitution giving the legislature the right to dictate to the regents will be pushed through next session. Benton Hanchett appeared for the regents and attorneys Fred A. Baker and Williams for the physicians.

Book Reviews.

A Manual of Nervous Diseases and their Homœopathic Treatment, by Geo. F. Martin, M. D., Prof. of Mental and Nervous Diseases, Hahnemann Hospital College, San Francisco. Medical Century Company, New York and Chicago. Illustrated.

This little book of 300 pages is intended as a compend for students, colleges and physicians, and is not intended as a substitute for the larger text books upon the subject. Its arrangement is similar to that of a quiz-compend with questions and answers.

The author has dug out from the text books and presented in the first fifty pages, in as clear and concise a form as possible, the wonderfully complex and intricate anatomy and physiology of the brain, spinal cord and nervous system. The plates and diagrams in this section are very helpful to the student and physician in learning to locate the vari-

Digitized by Google

ous ganglia and motor areas of the brain, as well as in tracing the motor and sensory impulses to and from the outside world.

Part II, devoted to symptomotology, methods of inspection and diagnosis, would repay anyone for the time spent in its careful perusal. It contains nothing but what every practitioner should know and be able to apply to any case of nervous disease presenting itself for diagnosis and treatment.

Part III, given up to the consideration of the various diseases of the nervous system occupies about three-fourths of the book. This part is valuable for the homœopathic treatment outlined for all phases of the many diseases touched upon. The causation, pathology, symptomotology and diagnosis of the various diseases are presented in a condensed form, and present all the salient features in much briefer space than the ordinary text book. The homœopathic remedies are here presented in the groupings found in no other work that we are acquainted with. We commend this book for careful study to all students and practitioners. The many photographs showing patients in attitudes characteristic of various diseases are very valuable.

S. H. K.

The Antiseptic Club, by Albert Abrams, a member of the San Francisco Medical Profession. Illustrated. New York. E. B. Treat, 5 Cooper Union. 1895.

The author in this book, has intended to both amuse and instruct, and has succeeded in his intentions. The conservative physician will perhaps, receive more amusement than instruction, while the enthusiast will be instructed by the keen sarcasm on the foibles and fads of physicians in their feverish strife for fame. Homœopaths receive their share of ridicule, but not as much as do the antiseptic cranks, the sero-therapists, the germ-theorists, the patent-medicine-testimonial-writers, and other would-be scientific medical progressors of which the so-called regular school is composed.

The author succeeds in making the reader laugh until his sides ache.

Members of the club were obliged to take antiseptic baths daily, after being in a steam sterilizer for two hours to destroy germs and prevent contamination of the bathing fluid. Their clothes were made of borated cotton, lined with oil silk. Intestinal antiseptics were used daily, and the air, before being breathed, was filtered through a mouth-piece and mercurial spray from an atomizer.

The author, in his irony, though a resident of San Francisco, does not spare the climate of California, of whose changeability, it was once said: "Summer in the morning, winter in the afternoon, and pneumonia at night."

The illustrations are in keeping with the text, and afford much additional merriment by portraying the word caricature.

R. H. S.

GRACE HOSPITAL REPORT.

FEBRUARY AND MARCH, 1896.

During the two months there were treated in the hospital 218 cases, of these 79 were medical; 133 surgical; 61 gynaecological; 9 obstetrical; and 6 ophthalmic.

In the dispensary there were treated 360 new cases, made up of 108 medical cases; 82 surgical; 30 gyncœlogical; 63 ophthalmic; 15 dermatological; 54 laryngological; and 8 cases of diseases of children; 918 visits were made.

723 prescriptions were filled. The ambulance made 119 runs.

80 operations were performed, including 13 laparotomies for removal of the ovaries, or for appendicitis.

Among the other operations were trachelorrhaphies; perinæorrhaphies; perineal urethrotomies; vaginal hysterectomy; tenotomy for strabismus; amputation of cornea, of thigh, of foot, of breast; skin grafting, radical cure of hernia, plastic for hair lip; and American operation for hemorrhoids.

Digitized by Google

To the Homœopathic Profession of Michigan.

Within a short time (June 17th) the American Institute of Homœopathy will convene in Detroit, for its Fifty-first Annual Session, which will extend over one week. The arrangements are already far advanced and will be such as to do credit to Michigan as an entertainer. For lo! these many years Wolverine homœopaths have enjoyed the hospitality of other cities and states during these annual gatherings. At last has come the opportunity which they have repeatedly sought in the past of extending the glad hand and of returning the fraternal courtesies and kindly deeds of our brethren in other parts of our country. That Michigan will do her best, goes without saying.

While all this cannot be done without the expenditure of much time, labor and money, it is well not to forget that the Institute is brought to our very door, saving railway fare fatiguing travel and loss of time, that those who ordinarily find it possible to attend the State Society Meeting only, have the privilege this year of attending both at the expense of the former alone; that the publicity and prestige of having this great National Association with its hundreds of representative homœopaths *in our own home* cannot fail to benefit directly and indirectly every homœopath in the state, socially, financially and intellectually; and last but not least, that our brethren from outside our borders, may as our guests have the opportunity of forming a more intimate and personal acquaintance with very many of the men and women who have for nearly half a century waged an unequal conflict in the interests of homœopathy, and who have been very often misjudged, perhaps, because they have been known only by hearsay.

Moreover, Michigan is highly honored in having this noteworthy celebration within her borders. One hundred years ago (1796) the most important discovery in the history of medicine was announced by that great thinker and scientist, Samuel Frederich Hahnemann, in a paper published in *Hupelands Journal entitled* "A new principle for ascertaining the curative power of drugs." That Michigan will ever after be associated with the celebration of the centennial of homœopathy, and that Michigan homœopaths should be privileged to provide the facilities for observing this great historic event, should be gratifying in the highest degree to every citizen of our state. Detroit will be the Mecca for the hundreds of enthusiastic, progressive, and conscientious practitioners and exponents of the law of similars; the great writers, the great teachers, the great logicians, the great therapeutists and the great surgeons of our school of medicine will be congregated there for the purpose of paying tribute to the sterling character, the profound learning, and the renowned genius of the founder of our therapeutic faith, who, by discovering the great law of cure has done more than any other human being to bless mankind.

In addition to this, however, will be the practical good which our great National organization, year after year, is accomplishing for each state and all the states, in the way of science, medical education, and medical legislation. The high standing which our profession enjoys throughout the country is in many respects entirely due to the effective and unceasing efforts of the Institute.

It is therefore hoped and confidently expected that every member of our profession in the state will allow nothing but the direct necessity to keep him away from the coming meeting. Moreover, that each will come prepared to do his or her utmost to welcome and entertain our guests, and contribute to the honor and eclat of the occasion; to "meet more than half way" our colleagues from other states and countries. Each may not be able to contribute in every way, but each may contribute in *some* way to make the occasion a credit and benefit to ourselves and our state.

Every man or woman who can possibly do

Digitized by Google

so, should become a member of the Institute at this time, for his or her own good, for the good of the Institute and for the good of homœopathy in general. Write to the secretary of the Local Committee of Arrangments Dr. S. H. Knight, 14 Willis Ave., Detroit for blank form of application, which properly filled out and returned to him with the admission fee ($2) and dues ($5) will be presented to the Board of Censors and will entitle you to the handsome diploma of the Institute and the Volume of Transactions, the latter alone being worth more than the cost of membership. It is hard to overestimate the good which each person will receive *directly* from the scientific discussions, and personal acquaintance and association with the eminent men and women of the profession who will gather in Detroit, and *indirectly* from the influence they will exert upon the laity of our state, as well as from the prestige which each individual gains in his own community by association and affiliation with the oldest and grandest National Medical Society in the world.

The raising of funds for the Hahnemann Monument has been brought to the attention of the profession and public throughout the whole country. Physicians are requested to solicit from their patrons contributions to the fund in any amount, however large or small as the Scotchman says, "every mickle makes a muckle," and by united effort in this way a great enough number of small amounts may be secured to make a large aggregate. Subscriptions should be sent to Dr. Henry M. Smith, 288 St. Nicholas Ave., New York City, who will acknowledge and publish the same among the list of donations.

Anyone who may desire to contribute to the fund for the entertainment of the Institute may forward the amount to the treasurer of the Local Cammittee of Arangments, Dr. R. C. Olin, No. 32 Adams Ave. W., Detroit, who will promptly acknowledge and receipt for the same. This is a matter which belongs not alone to Detroit but to the whole state.

The State Homœopathic Medical Society will convene at the usual time May 19th, when an adjournment will be taken to some day and hour during the session of the American Institute. Never had there been a time in the history of homœopathy in Michigan fraught with more momentous questions of policy than the present. There cannot be the slightest doubt that the next year or two will decide forever the future of homœopathy in our state. Hence the necessity of wisdom, prudence, courage, and integrity in our councils.

The Transportation Committee have secured special rates of one and one-third fare for the round trip, on the certificate plan, on all the railways of our state, good during the week of the session and for six days after adjournment.

In short, it will be a long time before the Profession of Michigan again are privileged to enjoy so great pleasure and receive so great profit, at so little cost or inconvenience. There should not be less than 300, and it is hoped there will be many more, of the state profession in attendance during the meeting. They should come *early* and stay throughout the session if possible. Let me urge, especially, every member of the State Society to be on the ground, for much is to be done and much can be accomplished if they are mindful of their duty at this time.

D. A. MacLachlan.
President State Society.

Drs. Olin and LeSeure have removed their offices from Cass avenue to the Shurly Building, 32 Adams Avenue, West. Dr. Olin's hours are from 10 a. m. to 12 m. daily; 7 to 8 p. m. Mondays, Wednesdays and Fridays. Dr. LeSeure's office hours are from 2 to 4 p. m. except Friday. Sundays 12 to 1 p. m. for both.

Dr. Dewitt G. Wilcox of Buffalo now holds his office hours at his private hospital, instead of his residence as formerly. He may be found now at the Lexington Heights Hospital daily from 11 a. m. to 3. p. m.

Digitized by Google

Editor's Table.

A number of physicians of Detroit and elsewhere, met at the Cadillac hotel, Detroit, to consider the question of medical legislation. After many remarks, all favorable to making an effort toward securing legislation at Lansing next winter. A committee was appointed to draft resolutions for a permanent organization of all physicians in the state. It was intended that this organization should in the future take charge of and urge all legislation necessary for the protection of the profession. A determined effort will be made to pass a medical bill through the next legislature. A meeting for organization was held on Friday May, 8th.

Dr. R. J. Shank, of this city, W. S. Turck, of Alma, and Gen. L. G. Rutherford, of Grand Rapids, constituting the hospital committee of the Soldiers Home board, held a meeting in this city today and adopted rules and regulations for the government of the new training school for nurses which has recently been established in connection with the Soldiers' Home hospital. A three years' course of instruction is provided for, and it is expected to send the nurses to hospitals in different parts of the state, thus giving them the broadest possible education. Upon completing the course, diplomas signed by the governor and the officers of the Soldiers' Home will be issued to the nurses.

The Centennial of Homœopathy and the one hundred and forty-first anniversary of the birth of Samuel Hahnemann was celebrated on Friday evening, April 10th, by the Denver Homœopathic Club, at the Brown Palace Hotel. An attractive program was provided.

Dr. Emma Klein, a graduate of the Homœopathic Department of the University of Michigan, and of the New York Homœopathic Eye and Ear Hospital, has returned to Detroit to practice, making a specialty of eye and ear work.

Dr. W. G. Henry, for a number of years in practice in Detroit has recently acquired the proprietorship of the Oakland Hotel property at St. Clair Springs, Mich., and will be located at the above hotel after June 1st next, where with a duly qualified assistant and competent nurses, he will be prepared to undertake the care of patients requiring alkaline mineral baths, electrical and other treatments.

In the last *Counselor* the type made us say that the dispensaries of the homœopathic school had treated "10,866" patients instead of 210,866. These figures were given in the account of the Hahnemann banquet.

Dr. Wilson the editor of the COUNSELOR, who has been so severely and acutely ill, is now on the mend. Though still confined to to his room there is much improvement in his condition.

Dr. Frank McGuire, formerly of Alpena, has located in Detroit at 106 Miami Ave. Dr. McGuire will devote himself to the eye, ear, nose and throat. Dr. McGuire will be ready for consultation or operation in the city or country. The doctor is ready to perform intubation if called upon.

Dr. A. F. Randall, of Port Huron, who went west some time ago, has returned to Port Huron and will resume practice there.

Dr. Sarah Gaston, a graduate of the Cleveland Homœopathic College, has opened an office on Henry street, Detroit.

Open to All.—It is said that Mme. Audriffred has given to the Paris Academy of Medicine a sum equivalent to $160,000 on condition that the same be securely invested and the income be paid yearly to the man who discovers a specific remedy for consumption, whether a Frenchman or a foreigner, when it can be definitely decided that such a remedy has been discovered.

Digitized by Google

Water Supply of the Lake Cities.—"The *Indiana Medical Journal* says that Buffalo, with an abundance of pure water, within easy reach, is short of pure water, and, like Chicago, is in the condition of the ox that drinks and passes water in the same pool. Duluth is another lake city which has suffered severely from self-pollution of its water supply. There is no excuse for any lake city being short of water or drinking its own sewerage."—We advise all those in search of pure drinking water to turn their eyes toward Detroit. Surely no city in the country has or can have a better supply.

The Harlem Homœopathic Hospital was opened on March 23d, at 245 West 124th street. A house in that very accessible neighborhood has been leased, and will furnish accommodations for about ten patients. That the hospital, which is supported by a private subscription, has been urgently needed in Harlem, is evidenced by the promptness with which its beds were filled within the first week of its existence. Its staff is as follows: Byron G. Clark, M. D., president; George W. McDowell, M. D. secretary; Willard I. Pierce, M. D., treasurer; Floyd P. Sheldon, M. D., executive officer; Joseph F. Land, M. D., Mott D. Cannon, M. D. and George E. Tytler, M. D.

Infant Feeding.—Dr. Cheney (*Occident Medical Times*), believes that mothers feed their babies too often. At first the interval should be about one and a half hours; at six weeks give food every two hours; three months, every three hours; at six months give every four hours, and keep that interval from then on. As to the manner of feeding, he says we all have seen failures in infant feeding, not due to quality, quantity or irregularity, but due to bolting the food. We cannot do so ourselves without suffering thereby. The baby is usually given the bottle and literally "swills" its contents down, a whole bottleful, which is the source usually of indigestion. The nurse or mother should handle the bottle and allow the baby fifteen minutes to drink what may be in it.

A Good Climate to live in. A minister in Denver in a Sunday evening lecture, referring to the wonderful climate of Colorado, declared he knew a young man who came to this state a few months ago with only one lung, who now has three. But while the audience were wondering if he meant to tell them that even Colorado climate could reproduce one lung already gone with disease and in addition to that grow another, the speaker added: "He married two of them."

—*Denver J. of Hom.*

Dogtail Sutures.—It is said that the tendons found in the tail of a dog make better sutures than either catgut or kangaroo tendon, when properly prepared in sublimate.

Dr. C. G. Crumrine of Battle Creek has recently located in Detroit.

The Annual Meeting of the Grace Hospital Dispensary Staff was held Monday May 4th, '96. Dr. J. M. Griffin was elected vice president and Dr. G. G. Caron Sec'y. The annual meeting of the Hospital Staff was held Tuesday May 5, Dr. C. C. Miller, was elected president and ex-officio Pres. of Dispensary Staff; Dr. R. C. Olin, Vice-Pres.; and Dr. G. P. Cooley, Sec'y.

Dr. J. A. Lensfesty, of Mt. Clemens, Mich., has been appointed city physician, also physician for the Macomb county-house, township of Harrison and part of Clinton Township.

The death on April 11th, of Dr. J. West Roosvelt, one of New York's famous physicians and a specialist in diseases of the chest, after an illness of eighteen hours with pneumonia, recalls the death of Dr. Alfred Loomis, the noted chest specialist, who also died with pneumonia.

Digitized by Google

Dr. Leslie A. Phillips of Boston Mass., died suddenly April 3, 1896. Dr. Phillips was born in Fitzwilliam, N. H., Aug. 19, 1847. A public-school education was afforded him by the schools of his native town. He worked at various positions during his early youth while studying hard at night. In 1868 he moved to Quincy Ill., there taught school, moving again to Colorado teaching school and founding the Colorado Farmer. His ventures in Colorado not proving successful he returned to Quincy and soon after to Boston to study medicine. In 1875 he entered Boston University, where in two years he accomplished the work of three, besides doing the dissecting for class demonstration in anatomy. He graduated in 1877, ranking third in a class of 45. After graduating, though he had intended fully to return to Quincy to practice his profession, he was induced, by Dr. Woodbury, to remain in Boston

After a few months of independent general practice in Watertown, a suburb of Boston, Dr. Phillips was required to give his whole time to assisting Professor Woodbury, whose failing health compelled him to retire from practice.

Dr. Phillips's success in his chosen line of practice, surgical diseases of women is too well known to need any comment.

Dr. Phillips has contributed largely to the literature of women's diseases, and his writings are much sought by all the societies of which he was a member, as well as by the leading medical journals. He was an active member of the American Institute of Homœopathy, the Massachusetts Homœopathic Medical Society the Boston Homœopathic Medical Society and the Massachusetts Surgical and Gynæcological Society, of which for years he was secretary, an honorary member of the Vermont Homœopathic Medical Society, the Missouri Institute of Homœopathy, and the New York State Homœopathic Medical Society.

Dr. Phillips was interested earnestly in liberal religion, was a member of Dr. M. J. Savage's society, an investigator of psychic phenomena, and a director in the American Psychical Society, while above all he was devoted to his family and friends..

The Bostoniana Club held in Bostonia hall a service in memoriam of Dr. Phillips.

The chair of Dr. Phillips, who was the treasurer of the club, was decorated with maiden hair fern: over it was a beautiful wreath tied with purple ribbon, and on the table in front was a boquet of white roses with pictures of the deceased.

Obituary.—Edwin J. Pratt, M. D.—It is with deep sorrow that we find ourselves called upon to chronicle the death of Dr. Edwin J. Pratt, on Monday afternoon. April 20th, of pulmonary œdema, complicating typhoid fever. He had been debilitated for some months and at last started for Florida, hoping for benefit, but was obliged, after a short stay there, to return home. Upon his arrival he was found to be suffering from typhoid fever, which ran an unusually severe course of three weeks and terminated fatally in sudden pulmonary œdema, despite every effort made to save his life. Edwin J. Pratt was born in Yarmouth, Maine, on July 7th, 1853. He took a scientific course, graduating from Bowdoin in 1866, and came immediately to New York, where he assisted Dr. T. F. Allen in the preparation of his Encyclopedia of Materia Medica. He graduated from New York Homœopathic Medical College in 1881, and in 1885 associated himself with his brother-in-law, Dr. Henry C. Houghton. He received the special certificate in Laryngology from the College of the New York Ophthalmic Hospital in 1886, and the Degree of Oculi et Auris Chirugis in 1887, thereupon becoming Assistant Surgeon to the clinic of Dr. Houghton. He was later made Professor of General Anatomy and Histology of the Eye and was appointed a Surgeon about three years ago Dr. Pratt was married to Susanne Wheeler, of New York, on October 17th, 1893, who survives him, together with an infant son. Dr. Pratt was a member of the American Institute, the State and County Societies and the New York Medical Club. He was for three years treasurer of the Alumni Assocsation of New York Homœopathic Medical College, and at the time of his death was chairman of the Executive Committee of the Association. Dr. Pratt was a man of sterling qualities and was much beloved by all who knew him well. He was quiet and unassuming.

The Commencement Exercises of Hering Medical College, Chicago, were held at the Grand Opera House on the afternoon of Friday, April 10th, a class of twenty candidates receiving the degree of doctor of medicine. The valedictory address was delivered by Prof. J. R. Boynton, the degrees being conferred by Mr. Edwin C. Potter, president of the Board of Trustees. The alumni banquet was held in the evening at the Leland House. The graduates are as follows: Thomas H. Winslow, Jas. A. Baute, Ida C. Nahm, P. C. Kirchbaum, E. E. Ellison, Frances S. Jerome, W. A. McClelland, C. C. Matthews, Margaret E. Burgess, J. E. Ford, G. W. Hoyt, Theodora Wilson, Mrs. A. R. Fellows, Mrs. Lydia Scholes, Elizabeth Shirra, Jessie B. Atkins, W. C. Leipold.

Digitized by Google

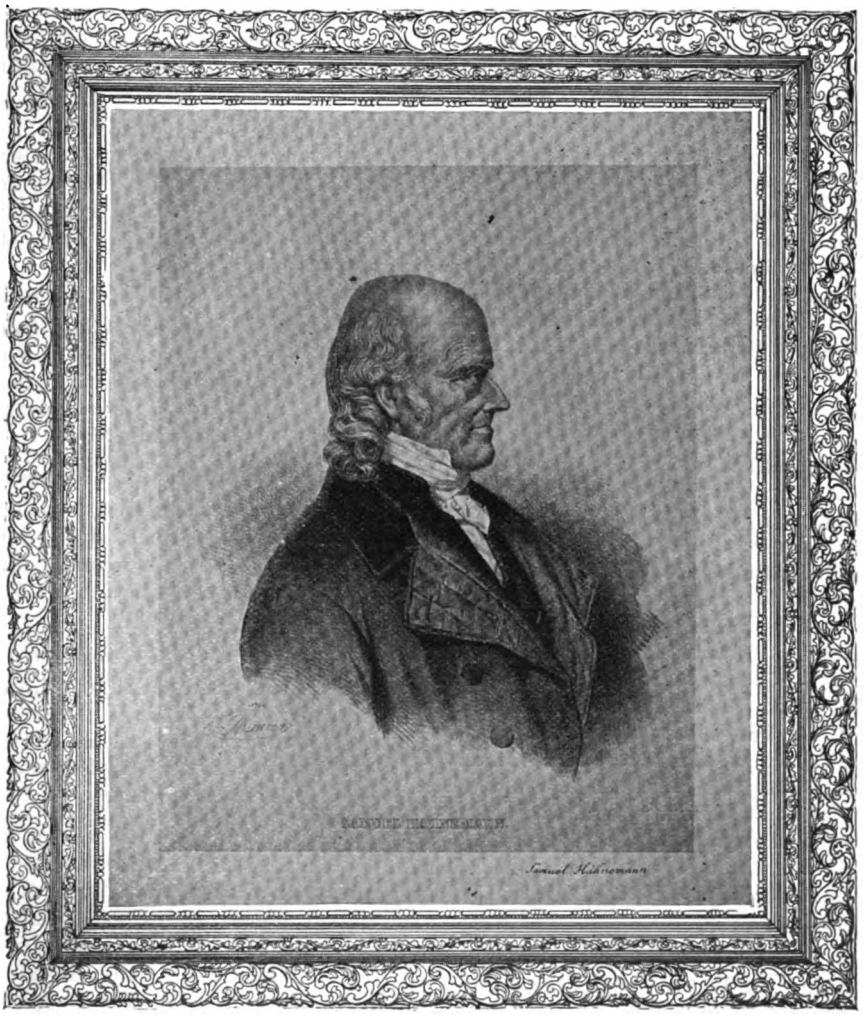
THE MEDICAL COUNSELOR.

A MONTHLY JOURNAL OF HOMŒOPATHY AND COLLATERAL SCIENCES.

OLD SERIES, VOL. XV.
NEW SERIES, VOL. I.

DETROIT, JUNE, 1896.

No. VI.



SAMUEL HAHNEMANN. By courtesy of F. G. LUYTIES & CO.

AMERICAN INSTITUTE OF HOMŒOPATHY.

OFFICERS, COMMITTEES AND SECTIONS, FOR THE YEAR 1896.

OFFICERS.

President—Pemberton Dudley, M. D., 1405 N. 16th Street, Philadelphia.

First Vice-President—D. A. MacLachlan, M. D., 6 Adams Avenue, Detroit, Mich.

Second Vice-President—John C. Budlong, M. D., Providence, R. I.

General Secretary—Eugene H. Porter, M. D., 181 W. 73d Street, New York, N. Y.

Recording Secretary—Frank Kraft, M. D., 57 Bell Avenue, Cleveland, O.

Treasurer—E. M. Kellogg, M. D, 19 W. 38th St., New York, N. Y.

Digitized by Google

Assistant Treasurer—T. Franklin Smith, M. D., 264 Lenox Avenue, New York, N. Y.

Registrar—Clitus S. Hoag, M. D., Bridgeport, Conn.

Necrologist—Henry M. Smith, M. D , 288 St. Nicholas Avenue. New York, N. Y.

Board of Censors—George B. Peck, M. D., (5 years), Providence, R. I.; R. B. Rush, M D., (4 years), Salem, O.; T. C. Duncan, M. D , (3 years), Chicago, Ill.. Julia Holmes Smith, M. D., (2 years), Chicago, Ill.; A. C. Cowperthwaite, M. D., (1 year), Chicago, Ill.

COMMITTEES.

Executive and Publication.

Pemberton Dudley, M. D., 1405 N. 16th Street, Philadelphia, Pa. Eugene H. Porter, M. D., 181 W. 73d Street, Secretary, New York, N Y. D. A. MacLachlan, M. D. 6 Adams Avenue, Detroit, Mich. John C. Budlong, M. D., Providence, R. I. Frank Kraft, M. C., 57 Bell Avenue, Cleveland, O. E. M. Kellogg, M. D., 19 E. 38th Street; T. F. Smith, M. D., 264 Lenox Avenue, New York, N. Y.

Local Arrangements.

D. A. MacLachlan, M. D., Chairman; W. M. Bailey, M. D., S. H. Knight, M. D., Oscar Leseure, M. D., R. C. Olin, M. D., E. Louise Orlemann, M.D., M. J. Spranger, M. D., D. M. Nottingham, M. D, Virginia T. Smith, M. D., C. C. Miller, M. D., Harold Wilson, M. D., Detroit, Mich. R. S. Copeland, M. D., Bay City, Mich. J. N. Cowell, M. D., Saginaw, Mich. C. G. Crumrine, M. D., Battle Creek, Mich. A. B. Grant, M. D., O. R. Long, M. D., Ionia, Mich. A. F. Randall, M. D., Port, Huron, Mich. P. H. Van Vleck, M. D., Sturgis, Mich. Frank Rich, M. D., Manistee, Mich. H. M. Warren, M. D., Jonesville, Mich. A. W. Saxton, M. D., Jackson, Mich. J. C. Nottingham, M. D., Bay City, Mich. A. B. Avery, M. D., Pontiac, Mich. W. G. Clark, M. D., Three Rivers, Mich. M. P. Hunt, M. D., Ann Arbor, Mich. S. G. Milner, M. D., Grand Rapids, Mich.

Memorial Services.

S. P. Hodges, M. D., Chairman, Chicago, Ill. Hiram Chose, M. D., Cambridge, Mass. B. W. James, M. D., Philadelphia, Pa. N. B. Delamater, M. D., Chicago, Ill. N. G. Burnham, M. D., Denver, Col.

Transportation.

W. A. Dewey, M. D , Chairman, 170 W. 54th St., New York, N. Y. R. Kingsman, M. D., Washington, D. C. W. N. Hanchett, M. D., Omaha, Neb. A. E. Neumeister, M. D., Kansas City, Mo. E. F. Storke, M. D., Denver, Col.

Resolutions.

O. S. Runnels, M. D. Chairman, Indianapolis, Ind. L. A. Phillips, M D., Boston, Mass. A. R. Wright, M. D., Buffalo, N Y. J. S. Mitchell, M. D., Chicago, Ill. Lizzie Gray Gutherz, M. D., St. Louis, Mo.

Organization, Registration and Statistics.

T. Franklin Smith, M. D., Chairman, 264 Lenox Avenue, New York, N. Y. I. T. Talbot, M. D., Boston, Mass, J. C. Daily, M. D., Fort Smith, Ark. D. A. Strickler, M. D., Denver, Col. J. E. Lilienthal, M. D. (Deceased), San Francisco, Cal.

Medical Legislation.

J. R. Gregg Custis, M. D., Chairman (5 years), 110 E. Capitol Street, Washington, D. C. F, H. Orme, M. D. (4 years), 70 N Forsythe Street, Atlanta, Ga. Asa S. Couch, M. D. (3 years), Fredonia, N. Y. I. Tisdale Talbot, M. D. (2 years), 685 Boylston Street, Boston, Mass. C. G. Higbee, M. D. (1 year), St. Paul, Minn.

Medical Literature.

George W. Roberts, M. D., Chairman, 1672 Broadway, New York, N. Y. J. P. Sutherland, M. D., Boston, Mass. Wilson Smith, M. D., Chicago, Ill. H. R. Arndt, M. D., San Diego, Cal. J M. Kershaw, M. D., St. Louis, Mo.

Foreign Correspondence.

George B. Peck, M. D , Chairman, Providence, R. I. M. Belle Brown, M. D., New York, N. Y. J. P. Rabd, M. D., Worcester, Mass. A. Baldwin, M. D., Washington, D. C. W. E. Boericke, M. D., San Francisco, Cal.

Intercollegiate.

I. Tisdale Talbot, M. D., Chairman, 685 Boylston Street, Boston, Mass.

This committee consists of two delegates from each college represented in the Institute and appoints its own chairman.

Drug Prorings.

Martin Deschere, M. D. (Term expires 1896), 334 W. 58th Street, New York, N. Y. Chas. Mohr, M. D. (Term expires 1897), 555 N. 16th Street, Philadelphia, Pa. C. Wesselhoeft, M. D. (Term expires 1898), 291 Boylston Street, Boston, Mass. J. C. Morgan, M. D. (Term expires 1899), 1015 Arch Street, Philadelphia, Pa. A. W. Woodward, M. D. (Term expires 1900), 130 Ashland Avenue, Chicago, Ill. T. F. Allen, M. D. (Term expires 1901), 10 E, 36th Street. New York, N. Y. Millie J. Chapman, M. D. (Term expires 1902), Pittsburg, Pa.

Medical Education.

H. M Dearborn, M. D., Chairman, 146 W. 57th Street, New York, N. Y. H. C. Allen, M. D., Chicago, Ill. W. W. Van Baun, M. D., Philadelphia, Pa C. E. Walton, M. D , Cincinnati, O. W. C. Richardson, M. D., St. Louis, Mo.

Digitized by Google

International Pharmacopœia.

Conrad Wesselhoeft, M. D., Chairman, 291 Boylston Street, Boston, Mass. J. Wilkinson Clapp, M. D., Secretary, Brookline, Mass. T. Y. Kinne, M. D., Paterson, N. J. Lewis Sherman, M. D., Editor, Milwaukee, Wis. Henry M. Smith, M. D., 288 St. Nicholas Avenue, New York, N. Y. James E. Gross, M, D., 48 Madison Street, Chicago, Ill. William Boericke, M. D., 330 Sutter Street, San Francisco, Cal. C. Wesselhoeft, M. D., 291 Boylston Street, Boston, Mass. A. C. Cowperthwaite, M. D., 14 Warren Street, Chicago, Ill. Edward P. Colby, M. D., Wakefield, Mass. Malcolm Leal, M. D., 107 W. 48th Street, New York, N. Y. H. R. Arndt, M. D., 951 6th Street, San Diego, Cal. A. F. Worthington, M. D., 170 W. 4th Street, Cincinnati, O.

Materia Medica Conference.

T. F. Allen, M. D., Chairman, 10 E. 36th Street, W. A. Dewey, M. D. Secretary, New York, N. Y. Conrad Wesselhoeft, M. D., Boston, Mass. Martin Deschere, M. D., Eugene H. Porter, M. D., New York. Millie J. Chapman, M. D., Pittsburg, Pa. Eldridge C. Price, M. D., Baltimore, Md. M. W. Van Denuurg, M. D., Fort Edward, N. Y. Frank Betts, M. D., Philadelphia, Pa. Howard Wilson, M. D., Detroit, Mich. A. L. Monroe, M. D., Louisville, Ky. H C. Allen, M. D., A. W. Woodward, M. D., Chicago, Ill. H. C. Houghton, M. D., New York, N. Y. Pemberton Dudley, M. D., Philadelphia, Pa.

Centennial of Homœopathy.

Pemberton Dudley, M. D., Chairman, 1405 N. 16th Street, Philadelphia, Pa. Eugene H. Porter, M. D.,

PEMBERTON DUDLEY, M. D. By courtesy of Med, Century.
PRES. OF THE AM. INSTITUTE OF HOMŒOPATHY.

Life Insurance Examiners.

A. C. Cowperthwaite, M. D., 14 Warren Avenue, Chicago, Ill. Edward B. Hooker, M. D., Hartford, Conn. J. Wylie Anderson, M. D., Denver, Col. M. Dills, M. D., Carlisle, Ky. Charles Lowry, M. D., New York, N. Y.

181 W. 73d Street, New York, N. Y. T. L. MacDonald, M. D., Washington, D, C. J. C. Guernsey, M. D., Philadelphia, Pa. T. M. Strong, M. D., Boston, Mass.

Press.

Frank Kraft, M. D., Chairman, 57 Bell Avenue, Cleveland, O. W. R. King, M. D., Washington,

Digitized by Google

D. C. Allison Clokey, M. D., Louisville, Ky. S. H. Knight, M. D., Detroit, Mich.

International Congress

T. F. Allen, M. D., Chairman, 10 E. 36th Street, W. A. Dewey, M D, Secretary, 170 W. 54th Street, Eugene H. Porter, M. D., 181 W. 73d Street, New York, N. Y. T. Y. Kinne, M. D., Paterson, N. J. H. C. Aldrich, M. D., Minneapolis, Minn B. F. Bailey, M. D., Lincoln, Neb. H. M. Paine, M. D., West Newton, Mass.

Hahnemann Monument.

J. H. McClelland, M. D., Chairman, 5th and Wilkins Avenue, Pittsburg, Pa. Henry M. Smith, M. D. Secretary, 288 St. Nicholas, Avenue, New York, N. Y. I. Tisdale Talbot, M. D., 655 Boylston Street, Boston, Mass. W. Tod Helmuth. M. D., 299 Madison Avenue, New York, N Y. J. S. Mitchell, M. D, 2954 Michigan Avenue, Chicago, Ill. J. B. Gregg Custis, M D., 110 E. Capitol Street, Washington, D C.

Bureau Chairmen and Secretaries.

Materia Medica.

W. J. Hawkes, M. D, Chairman, 100 State Street, Chicago; C. F. Menninger, M. D., Sec'y, 727 Kansas Ave., Topeka.

Clinical Medicine and Pathology.

George Royal, M. D., Des Moines, Iowa; Clarence W. Butler, M. D., Sec'y, 36 Fullerton Ave, Montclair, N. J.

Obstetrics.

Henry E. Spalding, M. D., Chairman, Boston, Mass.; Geo. E. Percy, M. D., Sec'y, Salem, Mass.

Gynæcology.

J. M. Lee, M. D., Chairman, Rochester, N. Y.; R. Ludlam, M. D., Sec'y, Chicago, Ill.

Pædology.

Benj. F. Baily, M D., Chairman, Lincoln, Neb.; Allison A. Cloky, M. D., Sec'y, Louisville, Ky.

Sanitary Science.

Sarah J. Milsop, M. D., Chairman, Bowling Green, Ky.; Bashrod W James, M. D., Sec'y, Philadelphia, Penn.

Surgery.

W. E. Green, M. C., Chairman, Little Rock, Ark.; T. L. McDonald, M. D., Sec'y, Washington, D. C.

Neurology.

Joseph T. O'Connor, M. D., Chairman, New York, N. Y.; N. B. Delamater, M. D., Sec'y, Chicago, Ill.

Ophthalmology, Otology and Laryngology.

Wm. R. King. M. D., Washington, D. C.; C. Gurnee Fellows, Sec'y, Chicago, Ill.

MATERIA MEDICA CONFERENCE.

By order of the Institute there was appointed at the Newport meeting a large committee "to call and arrange for a Materia Medica Conference in connection with the next session of this Institute, the Conference to continue one or more days (as may be found necessary), and to adjourn finally before the opening of the Institute session." The committee has selected three questions for preliminary consideration and discussion, and the sessions of the Conference will begin Tuesday, June 16th, 1896, at 3 P M. The program is as follows:

Opening Session. Tuesday, June 16th, 3 p. m.

Preliminary Address by the Chairman of the Committee, T. F. Allen, M. D., New York.

First Topic.—"Has the Law of Similars Ever Been Unequivocally Demonstrated by the Deduction from General Practice, and Do We Not Require its More Formal Proof by Inductive, Experimental Research?"

Essayist, Conrad Wesselhoeft, M. D., Boston, Mass.

Discussions by Martin Deschere, M. D., New York; Chas. S. Mack, M. D., Chicago, Ill.; Chas. Mohr, M. D., Philadelphia, Pa.; C W. Butler, M. D., Montclair, N. J.

General Discussions of five minutes each by Chas W. Eaton, M. D, Des Moines, Ia.; C. F. Menninger, M. D., Topeko Kan; Chas. H. Evans, M. D, Chicago, Ill.; I. T. Talbot, M. D., Boston, Mass.; B. F. Bailey, M. D., Lincoln, Neb.; P. S. Duff, M D.; Great Belt. Pa.; Robert Walter, M. D., Walter's Park, Pa.; W. W. Van Baun, M. D., Philadelphia, Pa.: W. B. Hinsdale, M. D, Ann Arbor, Mich.; A. C. Cowperthwaite, M. D., Chicago, Ill.; T. C. Duncan, M. D., Chicago, Ill.; George G Shelton, M D., New York.

Second Session. Tuesday, June 16th, 8 p. m.

Second Topic.—"In What Particulars has the Proving of Drugs Deviated From the Rules Laid Down by Hahnemann in the Organon, and in What Particulars Do Hahnemann's Rules and Directions for Proving Drugs Differ From or Fall Short of Those Required by the Methods and Precautions of Modern Scientific Research?"

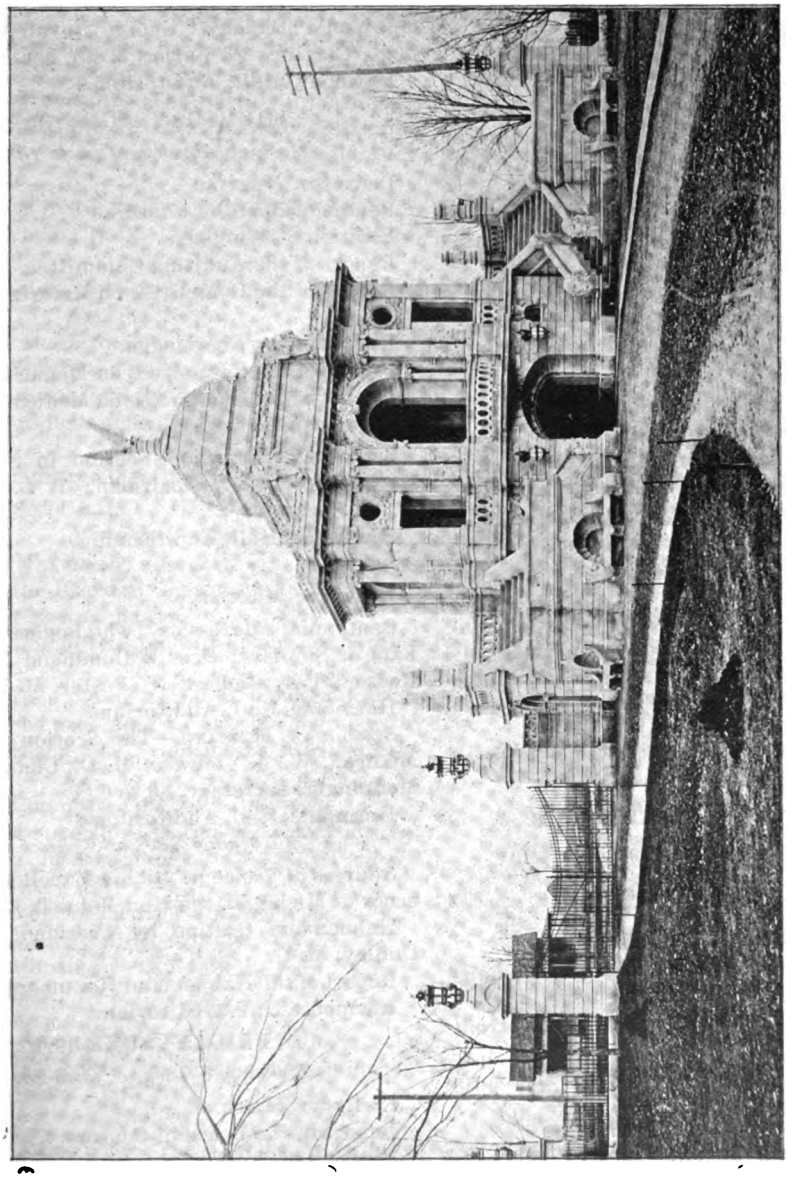
Introductory Remarks, T. F. Allen, M. D., New York.

Essayist, Eldridge C. Price, M. D., Baltimore, Md.

Discussions by M. W. Van Denburg, M. D., Fort Edward, N. Y.; E. H Porter, M. D., New York; Conrad Wesselhoeft, M. D., Boston, Mass; Geo. Royal, M. D, Des Moines, Ia.

General Discussion of five minutes each, by Pemberton Dudley, M. D., Philadelphia, Pa.; Martin

Digitized by Google



HULBURT MEMORIAL GATE, WATER WORKS PARK.

Digitized by Google

Deschere, M. D., New York; Millie J. Chapman, M. D., Pittsburg, Pa.; Chas Gatchell, M. D, Chicago, Ill.; H. M. Paine, M. D., West Newton, Mass.; Annie Lowe Geddes, M. D., Glen Ridge, N. Y.; H. W. Pierson, M. D, Chicago, Ill.; J. P. Sutherland, M. D., Boston, Mass.; H. C. Allen, M. D., Chicago, Ill.; A. C. Cowperthwaite, M. D., Chicago, Ill.; H. P. Holmes, M. D., Omaha, Neb.; C. K. Beldin, M. D., Jamaica, N. Y.: Bushrod W. James, M. D., Philadelphia, Pa.

Third Session. Wednesday, June 17th, 10 a. m.

Third Topic.—"In the Search for the Simillimum Shall We Endorse Section XVIII. of the Organon, Which Says that the Totality of the Symptoms Must be the Sole Indication to Direct Us in the Choice of a Remedy?"

Essayist, William Boericke, M. D., San Francisco, Cal.

Discussions by H. C. Allen, M. D., Chicago, Ill.; W. J.. Hawkes, M. D.. Chicago, Ill.; J. D. Buck, M. D., Cincinnati, Ohio; L C. McElwee, M. D, St. Louis, Mo.

General Discussion of five minutes each, by J. B. G. Custis, M. D., Washington, D. C.; E. R. Snader, M. D., Philadelphia, Pa; H. W. Pierson, M. D., Chicago. Ill.: T. P. Wilson, M. D., Cleveland, O.: A. P. Hanchett, M. D., Council Bluffs, Ia.; E. H. Wolcott, M. D.; Rochester, N. Y.; A. L. Monroe, M. D., Louisville, Ky.; J. M. Schley, M. D.. New York; C. B. Gilbeft, M. D., Washington, D. C.; Wm. Owens' M. D., Cincinnati, O.; L. Allen, M. D., Worcester, Mass.; J. L. Hanchett, M. D., Sioux City, Ia.; E. M. Hale, M. D., Chicago, Ill.

ORDER OF BUSINESS.

WEDNESDAY, JUNE 17TH, 1896.

Afternoou Session, 3 to 6 o'clock.

INSTITUTE MEETING.

1. Call to order.
2. Invocation. Rev. H. P. DeForest, D. D.
3. Greeting by D. A. MacLachlan, M. D, Chairman Local Committee of Arrangements.
4. Welcome by His Honor the Mayor of Detroit, Hazen S. Pingree.
5. Response by the President of the Institute, Pemberton Dudley, M P.
6. Business Address of the President.
7. Appointment of Committee on President's Address.
8. Report of the Executive Committee.
9. Adoption of the Order of Business.
10. Report of the Committee of Publication.
11. Report of the Treasurer.
12. Appointment of Auditing Committee.
13. Report of the Committee on Transportation.
14. Report of the Committee of Local Arrangements.
15. Report of the Board of Censors

WEDNESDAY, JUNE 17TH.

Evening Session, 8 o'clock.

SECTIONAL MEETING.—Section in Clinical Medicine and Pathology. George Royal, M. D., Chairman; Clarence W. Butler. M. D., Secretary.

Harmonie Hall, Auditorium.

THURSDAY, JUNE 18TH.

Morning Session, 9:30 to 10:30.

INSTITUTE MEETING.

Report of Board of Censors.

Election of Members.

Report of the Auditing Committee.

Report of the Committee on Materia Medica Conference.

Report of the Necrologist.

Report of the Committee on Memorial Service.

Report of the Committee on Medical Legislation.

New Business.

SECTIONAL MEETING.—Section in Surgery. W. E. Green, M. D., Chairman; T. L. MacDonald, M. D., Secretary.

Harmonie Hall, Auditorium.

Afternoon Session.

INSTITUTE MEETING.

Centennial Address on "The Logical Basis of the Law of Similars; Does it Commend Itself to Our Reason?" by Richard N. Foster, M. D., 2:30 to 3.

Harmonie Hall, Auditorium.

SECTIONAL MEETING.—The Section in Materia Medica. W. J. Hawkes, M. D., Chairman; C. F. Menninger, Secretary. 3 to 6

Harmonie Hall, Auditorium.

Evening Session, 8 o'clock.

Address of Welcome by his Excellency the Governor of Michigan, the Hon. John T. Rich.

Hahnemann Oration by President Pemberton Dudley, M. D.

Report of the Hahnemann Monument Committee.

Harmonie Hall, Auditorium.

FRIDAY, JUNE 19TH.

Morning Session, 9:30 to 10:30.

INSTITUTE MEETING.

Report of the Board of Censors.

Election of New Members.

Report of the Committee on Organization, Regstration and Statistics.

Report of Committee on Medical Literature.

Report of Committee on Foreign Correspondence.

Nominations for Officers of the Institute made at

Digitized by Google

10 A. M. in accordance with Art. IX. Sec. 7, of the By-Laws.

New Business.

SECTIONAL MEETING —Section in Gynæcology, J. M. Lee, M. D. Chairman.

Harmonie Hall, Auditorium, 10:30 to 1.

Afternoon Session.

CENTENNIAL ADDRESS.—"The Experimental Demonstration of the Law of Similars; Can Its Existence and Operation be Proved," by M. W. Van Denburg, M. D., 2:30 to 3.

SECTIONAL MEETINGS.—The Section in Pædology. Benjamin F. Bailey, M. D., Chairman; Allison A. Clokey, M. D., Secretary. Harmonie Hall, Auditorium, 3 to 6.

The Section in Neurology, Joseph T. O'Connor, M D, Chairman; N B. Delamater, M. D, Secretary.

Harmonie Hall, Section 3 to 6.

Evening Session.

Reception at Harmonie Hall by citizens of Detroit to members of the Institute, 9 to 11. Refreshments and music will be provided. The Local Committee are making every effort to have a great success.

Special Committee meetings, 8 to 9.

SATURDAY, JUNE 20TH.

Morning Session.

INSTITUTE MEETING.

Report of the Board of Censors.

Election of New Members.

Report of Committee on Life Insurance Examiners.

Report of the Committee on Medical Education. A paper will be presented as part of this report by W. C. Richardson, M. D., entitled "Medical Education."

Report of Committee on Drug Provings.

Polls shall be open for Election of Officers between 10 and 12 A M. in accordance with Art. IX., Sec. 7, of By-laws.

Announcement of Chairmen of Sections.

Selection of Place of Meeting for 1897.

Unfinished Business

New Business.

Afternoon.

Excursion to St Clair Flats at 2 o'clock, as arranged by the Local Committee, returning at 7 o'clock.

Evening.

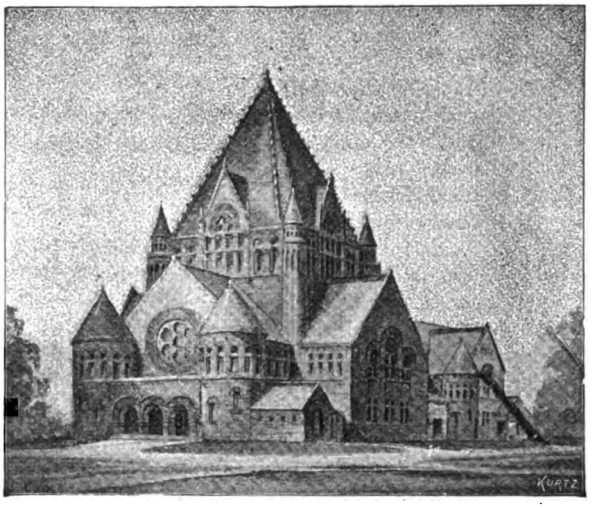
SECTIONAL MEETINGS —The Section in Clinical Medicine, The Turkish Room, Hotel Cadillac, 8 o'clock

The Section in Surgery.

Section Room, Harmonie Hall, 8 o'clock.

The Section in Materia Medica.

Auditorium, Harmonie Hall, 8 o'clock.



FIRST PRESBYTERIAN CHURCH.

SUNDAY EVENING, JUNE 21ST.

8 o'clock.

Memorial Service in Honor of Deceased Members.

The exercises will be held in the First Presbyterian church on Woodward Avenue and Edmund Place, Detroit, Mich.

Joined:

1846. E. Darwin Jones, M. D.
1859. Jos. V. Hobson, M. D.
1866. Robert McMurray, M. D.
1867. Henry F. Hunt, M. D
1869. Amos R. Thomas, M. D.
1869. Mahlon M. Walker, M. D.
1871. Mahlon Preston, M. D.
1879. J. Edwards Smith, M. D.
1881. Leslie A. Phillips, M. D.
1886. Jas. E. Lilienthal, M. D.
1887. S. W. Hopkins, M. D.
1889. Emma Cora Geisse, M. D.
1891. Samuel M. Angell, M. D.
1893. Frances I. Henderson, D. D.
1893. Wm. S. Jackson, M. D.
1893. Chas. J. Watts, M. D.
1894. Gordon C. Rockwell, M. D.
1894. Wm. S. Miner, M. D.

Program of Exercises.

1. Music by the Choir.
2. Invocation by the Pastor, Rev. Marcus A. Brownson, L D.
3. Reading of the Scriptures.
4. Music by the Choir.
5. Remarks on behalf of the Memorial COmmittee, by S. P. Hedges, M. D., Chairman.
6. In Memoriam to the late Officers and Seniors of the Institute, by Bushrod W. James, M. D.

Digitized by Google

7. Music by the Choir.

8 In Memoriam to the late Members of the Institute.

9. Music by the Choir.

10. In Memoriam to the late Women Physicians, Members of the Institute, by Julia Holmes Smith, M. D.

11. Music by the Choir.

12. Benediction.

HAHNEMANN MONUMENT.

MONDAY, JUNE 22D.

Morning Session, 9:30 to 10:30.

INSTITUTE MEETING.

Report of Board of Censors.

Election of New Members.

Report of Committee of Pharmacopœia.

Report of Committee on President's Address.

Report of Committee on Press.

Report of Committee on International Congress.

Deferred Business.

New Business.

SECTIONAL MEETINGS.—The Section in Obstetrics, Henry E. Spalding, M. D., Chairman; George E. Percy, M. D., Secretary.

Harmonie Hall, Auditorium. 10:30 to 1.

The Section in Sanitary Science, Sarah J. Millsop, M. D., Chairman; Bushrod W James, M. D., Secretary.

Harmonie Hall, Section Meeting Room. 10:30 to 1.

Afternoon Session.

CENTENNIAL ADDRESS.—"The Clinical Efficacy and Superiority of the Law of Similars; Is it a reliable Guide in the Practice of Medicine?" by John P. Sutherland, M. D., 2:30 to 3. Harmonie Hall, Auditorium.

SECTIONAL MEETING.—The Section in Ophthalmology, Otology, and Laryngology, William R. King, M. D., Chairman; C. Gurnee Fellows, M. D., Secretary.

Harmonie Hall, Auditorium. 3 to 6.

Evening Session.

SECTIONAL MEETINGS.—The Section in Neurology

Harmonie Hall, Auditorium. 8 o'clock.

The Section in Pædology.

Harmonie Hall, Section Room. 8 o'clock.

TUESDAY, JUNE 23D.

Morning Session, 9:30 to 10:30.

INSTITUTE MEETING.

Report of the Board of Censors.

Election of New Members.

Report of the Intercollegiate Committee

Report of the Interstate Committee.

Deferred Business.

New Business

SECTIONAL MEETINGS.—The Section in Gynæcology.

Harmonie Hall, Auditorium. 10:30 to 1.

The Section in Ophthalmology, Otology and Laryngology.

Harmonie Hall, Section Room. 10:30 to 1.

Afternoon Session.

SECTIONAL MEETINGS.—The Section in Sanitary Science.

Harmonie Hall, Auditorium. 3 to 6.

The Section in Obstetrics.

Harmonie Hall, Section Room. 3 to 6.

Evening Session.

Special Meetings of Sections and Committees.

WEDNESDAY, JUNE 24TH.

Morning Session, 9:30 to 10:30.

INSTITUTE MEETING.

Final Report of Board of Censors.

Election of New Members.

Supplemental Report of Organization, Registration, and Statistics.

Report of Committee on Resolution and Business.

Unfinished Business.

Final Adjournment.

In case the Sections have not completed their business by Tuesday night the unfinished Business and Final Adjournment will be deferred.

IMPORTANT ANNOUNCEMENTS.

Time: June 17th, 1896.—The American Institute of Homœopathy will meet at Detroit, Mich., on Wednesday, June 17th, 1896, to hold its Fifty-Second Annual Session, and will continue to hold daily sessions until all necessary business is transacted. The

Digitized by Google

Materia Medica Conference will convene on Tuesday, June 16th, 1896, and hold its final session Wednesday morning, June 17th.

Place: Detroit.—The chief points of interest within the city are its public buildings, beautiful parks, water-works, public lighting plant, museum of art, city library, hospitals, factories, Grant's old home, and other historical features. In its immediate vicinity are Fort Wayne, where is stationed the 19th, U. S. Infantry, the "Flats," its up-river and down-river resorts, Grosse Pointe, Grosse Isle, etc., and a few miles distant, reached by electric cars, "the Carlsbad of America," Mt. Clemens.

The "Island Park" comprising over seven-hundred acres situated in the middle of the river, within the two and a half mile circle of the City Hall is unique, and is probably the finest natural city park in America. A beautiful iron bridge spans the north branch of the river, connecting the island with the mainland, and from this bridge extends a grand boulevard, twelve miles long and two-hundred to three hundred feet wide, entirely around the city. In addition to this are Clark Park, Parmer Park, the Campus Martius, the Grand Circus, Cass Park, and others throughout the city, making sixteen in all, and comprising over nine hundred acres.

The noble Detroit River, nearly a mile wide and averaging forty feet deep, is traversed constantly by handsome and commodious steamers, upon which, for ten cents a person may ride all day if he chooses. Down the river are many beautiful islands and resorts including Fort Wayne, one of the chief United States forts west of New York. Up the river are the "Flats," generally known as the "Little Venice of America." The tonnage of vessels passing through the Detroit River is greater than that of London and Liverpool together during the same time, and this fact alone may give one an idea of the attraction and changing scenes on this noble estuary.

The plan of the city was copied from Washington, D. C. From the Campus Martius, at the City Hall, streets radiate east, north, and west, forming the main arteries of the city and extend in direct lines to distant parts of the State, being the old territorial roads to Toledo, Chicago, Grand Rapids, Saginaw, and Port Huron.

During the last reported year, the number of vessels recorded as passing through Detroit river was 33,860, with a registered tonnage of 24,785,000.

This does not include Canadian vessels nor any vessels not reporting at some custom house on the river. These, with ten per cent. added to the above for the excess of actual tonnage above registered tonnage, brings the total passing through Detroit river, according to the best estimates, up to 33,000,000 tons in 1893, and 36,000,000 in 1894. Comparisons with the arrivals and clearances at all other ports in the world show as follows:

Passed Detroit river	36,000,000
" Zuez canal	8,039.106
" Sault canal	18,110,366

Arrivals and clearances:

All lake ports	53,000,000
New York	11,500,000
All other salt water ports of the United States	16,000,000
London	20,000,000
Liverpool	14,500,000

Freight cars crossing the Detroit River.

East Bound	185,407
West "	102,274
Total	287,681

Detroit has the Purest Water Supply and the **Lowest Water Rates** of any large city in the world. Its pumping engines have a capacity of 102,000,000 gallons a day, or 392 gallons to each person.

Detroit has a manufacturing capital employed of $60,000,000, giving employment to 45,000 hands and turning out a product of $90,000,000 annually.

Detroit has the largest freight car manufactory in the country, employing, with its attendant industries, over 6,000 men; with a capacity of seventy freight cars a day.

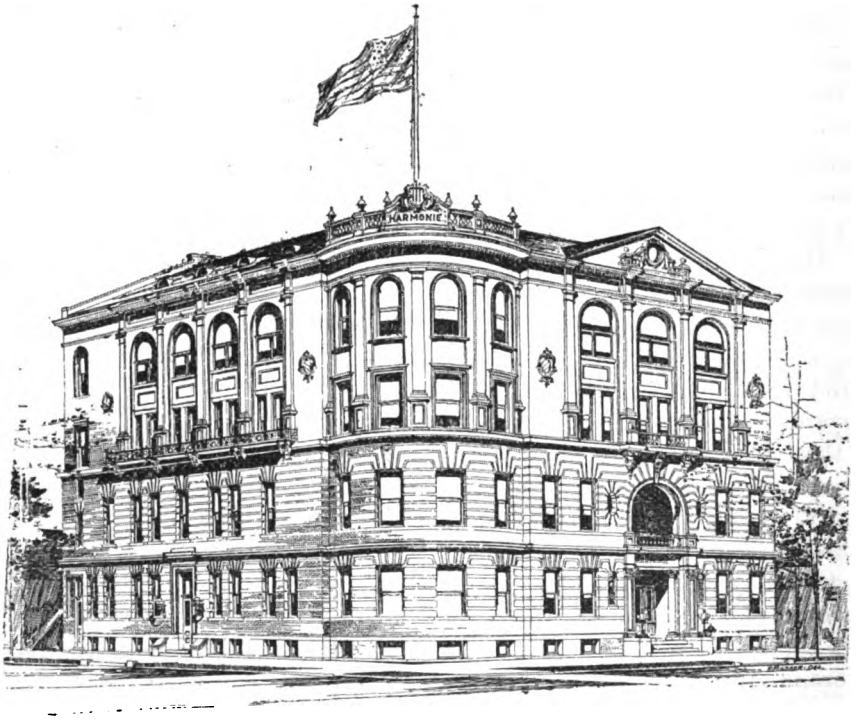
Detroit is the largest stove manufacturing city in the world. The industry alone employing 3,300 hands and turns out a product aggregating $3,200,000 a year.

Digitized by Google

Detroit is the largest manufactory of drugs and non-proprietary medicines in the world and is the second largest city in the country in the wholesale drug trade. A visit to Parke, Davis & Co., Frederick Stearns & Co., would repay the time spent.

Detroit is one of the largest shipbuilding points on the lakes, and the vessel and marine engine construction has amounted to $3,000,000 in a single year.

officers of the Institute; Post-office, Bureau of Information and Registration; ladies' parlor, exhibitors' room, with many other conveniences that the Institute has rarely, if ever, enjoyed. The practical headquarters of the Institute will be at Harmonie Hall and the building has been engaged for the entire week, so that it will be at the disposal of the Institute constantly, both day and evening. The location is very central, being



HARMONIE HALL.

Harmonie Hall.—This handsome *new* building the meeting place of the Institute situated one block from Grand Circus Park, at the intersection of Centre and Wilcox Streets, is admirably fitted for the needs of the Institute. It occupies a little park square by itself and is therefore not only airy and beautifully lighted but, with the cedar block-pavement surrounding, is very quiet. Visitors and members will find here an audience room seating 1200 people, with a stage accommodating 150 more; a sectional meeting-room seating 300; rooms for all the committees and only from six to seven blocks from the two largest hotels and only two blocks from another one.

Harmonie Hall is the home of the Harmonie Society of Detroit. The Harmonie is famous for its love of comfort and good cheer and visitors may rest assured that its home is well planned with these in view.

Reception to the Institute.—The Local Committee announces that on Friday evening June 19th, a reception will be given from 9 to 11, at Harmonie Hall by the citizens of Detroit to the members of the Institute

Digitized by Google

Music, and dancing will follow. The Local Committee will leave nothing undone to make this reception a notable social event.

Excursion.—On Saturday, June 20th, at 2 P. M. there will be a steamboat excursion. The trip will be up the Detroit River, across Lake St. Claire, St. Claire River, the famous government ship-canal to the Club House at St. Claire Flats, "the Venice of America." where a "fish supper" will be served at the Rushmere and Mervue Clubs and the Star Island House. This excursion is a free gift by the Local Committee to the Institute visitors and their friends.

The "Meissen." The first meeting of the Meissen after its organization, was held in Denver, in June, 1894. The purpose for which the association was formed met the cordial support of the ladies present, and the opportunities for making mutual acquaintance were improved and greatly enjoyed. The officers of the Meissen have been active, and have carefully planned out the work for Detroit. Every endeavor will be made to promote *sociability* among the ladies, and to increase the general pleasure. The organization, thus far, has been extremely successful and should and doubtless will, receive a large accession to its membership at Detroit. President, Mrs. William Tod Helmuth, 299 Madison Avenue, New York City; Secretary, Miss Emily F. Paine, 61 W. Seventy-first Street, New York City.

The ladies connected with the local committee have arranged additional entertainment for their visitors. On Wednesday June 17th, from 8 to 10 p. m. a reception will be held at the house of the chairman, Dr. E. Louise Orleman. On Thursday June 18th, at 3:30 the Detroit Railway will give a *trolley party* to the *ladies* taking them about the whole city. On Monday June 22, 9:30 a. m. election of officers, at 5 p. m. *a tea* at Mrs. O. LeSeure's residence at 8 p. m. a *musical* place to be announced hereafter.

We wish to call attention to the various hotels of Detroit. Dr. Wm. M. Bailey, 29 Miami Avenue Chairman of Hotel Committee will locate anyone so desiring.

Russell House	$3.00 per day and up		
Cadillac	3.00	" "	"
St. Claire	2.50	to	$3.50
Normandie	2.50	to	3.00
Wayne	2.00	to	3.50
Perkins Hotel	1.50	to	2.50
Franklin House	1.50		
Griswold House	2.00		

For further announcements see our advertising columns.

Excursions to Mackinac Island.

"The Northern Steamship Co." has offered to the members of the Institute and their friends an excursion to Mackinaw at special rates.

The local transportation committee has secured an excursion upon the finest and swiftest boats on the lakes the "Northwest" and "Northland" palatial, and exclusively passenger boats. The boat to Mackinac leaves Saturday 3 p. m. June 20, reaches Mackinac Island Sunday morning, a visit of all day Sunday at the Island, a return Sunday night reaching Detroit again Monday noon. Fare for the round trip; including lower berth and outside room $10. Lower rates if more than fifty go.

The Maniton the finest boat on Lake Michigan connects at Machinac Island with Chicago.

The Detroit and Cleveland boats leave every night 11 p. m. for Cleveland. After the Institute meeting there will be an excursion over this line to Mackinaw and St. Ignace. Round trip including meals and berth $11. Boats leave Monday, Wednesday, Friday and Saturday. For Toledo and South boats leave Tuesday, Thursday, Friday, Sunday.

Digitized by Google

Transportation Bulletin No. 3.

Directions for procuring certificates.

Each person desiring the excursion rate must purchase a first class ticket to Detroit paying the regular fare, and obtain from the ticket agent a certificate that such ticket has been sold them.

If the ticket agent at the place of starting be not furnished with blanks purchase to the nearest point where such certificate can be obtained and then to Detroit.

These certificates when signed by the chairman of this committee *to whom they should be given at once on arriving in Detroit*, and a special railroad agent will entitle the holder to a return ticket at one-third the regular rate.

Certificates going may be obtained from Saturday June 13, to Friday June 19, inclusive.

The return trip may be made any day to June 29, inclusive. Those wishing to avail themselves of the 3 days extension of time to July 2, inclusive must deposit their certificates with the special agent in Detroit. He will hold them until the day the return trip is to be made. The directions apply to members their families and friends. No refund of fare can be expected because of failures of the parties to obtain certificates. No stop overs allowed on return tickets.

W. A. Dewey, Chairman.

PUBLIC LIBRARY.

DETROIT.

It was the constant effort of all the early European adventurers who came to North America, to live in harmony with the natives and to make a living from the trade carried on with the Indian hunters, rather than by trying to plunder them, for the poor savages did not have sufficient property to tempt the cupidity of the more enlightened thief. We find the Dutch and afterwards the English pretty successful in keeping on friendly terms with the Iroquois of New York, and the French still more successful in maintaining a closer alliance with all, or nearly all, the other Indian tribes. The Iroquois generally stood against the field. Their homes and possessions were in the northern part of New York and along the southern shores of Lake Erie. The other northern tribes occupied grounds on the northern sides of the great lakes and seldom ventured to pass to the southward except with their marauding parties when each savage took his life in his hand and left his wigwam with little expectation that he would ever return to it. The Indians were nearly always at war with each other and it was never safe for any small body to wander very far from the remainder of the tribe. Along the northerly shore of lake Erie, from Niagara to Detroit, and extending entirely across the peninsula of Michigan was a strip of territory which had been fought over for years between the contending tribes. It was so dangerous for Indians, except in great bodies, to attempt to dwell or hunt within this territory that the land came to be considered as neutral ground, and so was left practically unpeopled. This was the state of affairs when the French explorers first came to push their investigations to the west.

This neutral ground served, likewise, to separate the English from the French traders and explorers, for the English remained to the southward of lake Erie, and the French, as a general thing, did not venture to trade further south than the neutral lands. The first of the French missions and trading

Digitized by Google

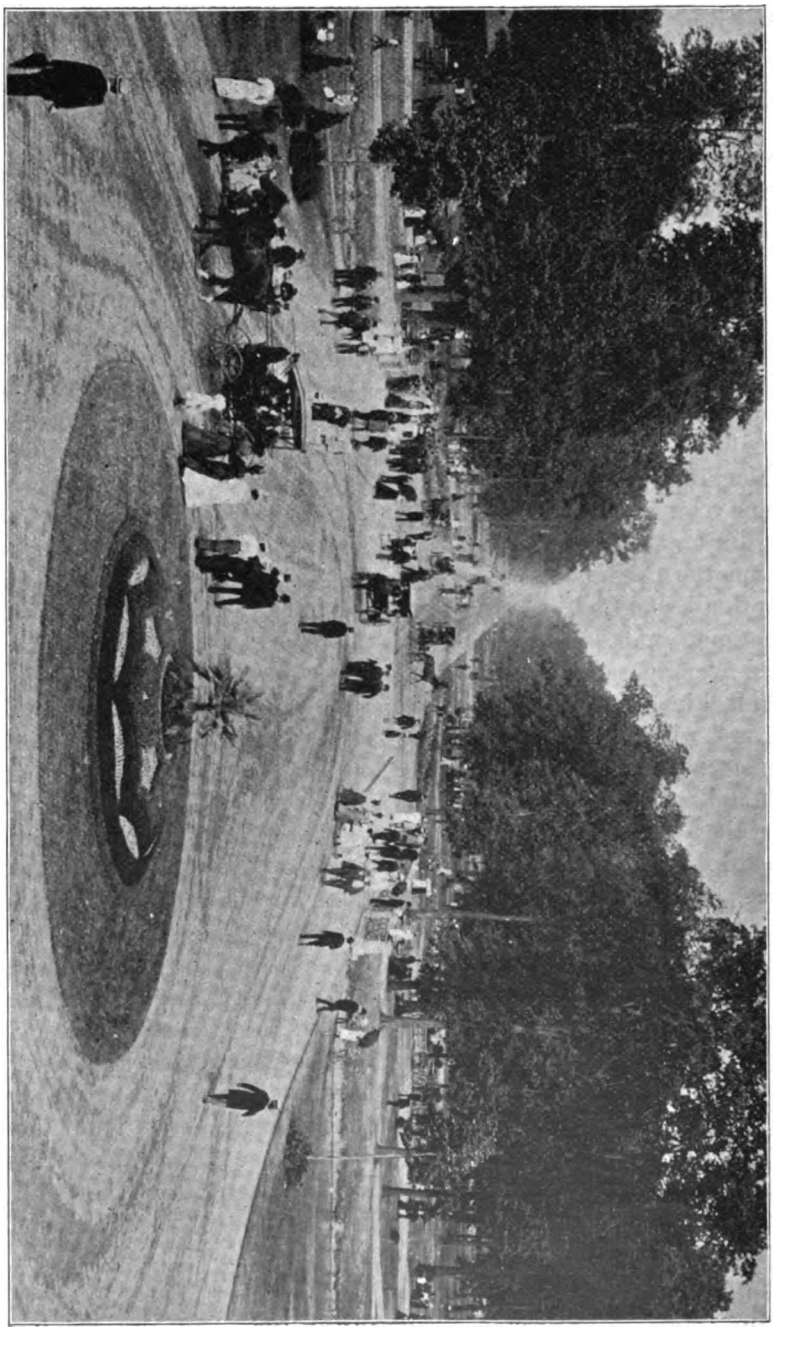
posts, east of lake Michigan, were all far to the northward, and it was not until the more adventurous English traders began to seek the Indian tribes living north of the neutral lands that the French erected a small post near the point where the river Ste. Claire leaves Lake Huron.

This post was called Detroit, sometimes, but in the records and letters of the Jesuit missionaries it is generally termed St. Joseph. It was founded by Duluth, sometime about the year 1685 and in it was maintained a small garrison for the purpose of preventing the English traders from passing this point to trade farther to the northward. The French government itself, destroyed this fort in the year 1688.

The post at Mackinac, which had been in existence for some years as a mission and military post, was in 1694 placed under the charge of Antoine de Lamothe Cadillac, as commandant. There is no doubt that Cadillac was one of the most enterprising and capable Frenchmen that visited America at this early day. He remained at Mackinac until 1699, and when he left there it was with a determination to return to the western country and found a colony which should not be under the corrupting influences of the Jesuits and which should be so situated as to render aid to the Indian allies of France, and should stem the tide, ever increasing and ever growing more dangerous, of English traders and explorers.

So Cadillac, under the orders of the French king, visited the Detroit river in the summer of 1701, and after closely inspecting its shores from end to end, selected the present site of Detroit as a proper place for the first colony of the west. Nor did Romulus with more sagacity select the site of the "Eternal City." The little rising ground, nearly the location of the present Jefferson avenue, between Wayne and Griswold streets, then rising more abruptly from the river than at the present time, formed a promontory that commanded the entire river, both above and below, and here on the 24th of August, 1701, Cadillac laid the foundation for the future great city. Intent on schemes of colonization he invited the Indians from all the surrounding country to settle at Detroit, and he brought farmers, artisans, laborers and soldiers to the place to reside permanently. Convinced of the utter worthlessness of the order of Jesuits, he would not permit any of their missionaries to form an establishment here, and his quarrel with them nearly resulted in the destruction of the infant colony, for the Jesuits were the most powerful political body in the new world at this time. Cadillac gave farms to all those who would live on and cultivate them, and the village grew a little and the surrounding country began to be cultivated somewhat under his administration; but the time came, in 1710, when he was turned out of his possessions and sent to Louisiana, as governor, and the life and hope and energy of the people went with him, and the colonists left, and the country and the village were nearly deserted. The splendid location of the post made it of too great importance to the French government to allow of its destruction, and so a garrison was stationed here, and as time passed on, and as it was found more easy of access than the upper posts, by reason of its water communication with Montreal, its business increased and more farmers came here to make their homes. The place is scarcely mentioned by Charlevoix, who visited it in 1726, but from that time forward it progressed slowly. Cadillac had lived in Acadia before coming to Detroit, and the people who came with him and those who came later, were distinctly Acadian in their lives and habits. To be sure the military commandant was the governor of the little colony, but he had little to do, so far as the inhabitants were concerned, and there were no courts, lawyers or judges. The people were intensely religious and reverenced their parish priest, who was the arbiter in all things. The words of Longfellow can be fitly employed to describe the simplicity of this first colony of the West:

Digitized by Google



CENTRAL AVENUE, BELLE ISLE PARK.

Digitized by Google

"Strongly built were the houses, with frames of oak and of hemlock,
Such as the peasants of Normandy built in the reign of the Henries.
Thatched were the roofs, with dormer-windows; and gables projecting
Over the basement below protected and shaded the doorway.
There in the tranquil evenings of summer, when brightly the sunset
Lighted the village street, and gilded the vanes on the chimneys,
Matrons and maidens sat in snow-white caps and in kirtles
Scarlet and blue and green, with distaffs spinning the golden
Flax for the gossiping looms, whose noisy shuttles within doors
Mingled their sound with the whir of the wheels and the songs of the maidens.
Solemnly down the street came the parish priest, and the children
Paused in their play to kiss the hand he extended to bless them.
Reverend walked he among them; and up rose matrons and maidens,
Hailing his slow approach with words of affectionate welcome."

The wars that disturbed Europe were scarcely heard of in Detroit, and the only foe they feared was their red skinned neighbor, and with him they were generally at peace, for their long continued association made their tastes and habits and lives similar, and the bonds thus created were bonds of brotherhood.

During the war that resulted in the capitulation of Quebec, and the transfer of Canada to Great Britain, a company of soldiers was raised in Detroit to assist at Niagara, but otherwise than this the French reign was a reign of peace.

After the surrender of Quebec, and in the fall of 1760, the noted American scout Major Robert Rogers, was sent with a detachment of soldiers to take possession of Detroit under the terms of capitulation to General Amherst. These were the first English-speaking people that had ever visited the place, but they came, never to leave, and although their coming marks the termination of the simple Acadian life, and marks the commencement of the life of energy and push and commercial rivalry that the English and Americans always brought with them, it likewise marked the commencement of a life of business activity which resulted in the expulsion of the French and Indians, the cultivation of the soil, the peopling of the State, and the opening of the great lakes to commerce. There is no evidence that, with the exception of the Griffon, built by LaSalle, the French ever floated a sail boat on the waters above the falls of Niagara; but among the first acts of the British conquerors was the building of transportation vessels on Lake Erie. These evidences of advancement on the part of the English, not only gave notice to the French that the new comers were to remain here permanently, but it also gave notice to the Indians that they would soon be despoiled of their homes and compelled to seek other hunting grounds. The dissatisfaction among the Indians was intense, and was aggravated by the friendly French. In 1763, Pontiac, a very powerful Indian chief, formed a union of all the tribes around the great lakes, and they agreed to attack all the British posts simultaneously. The secret was well kept, and the attack was an entire surprise to every place except Detroit. Here the intended attack was known by the daughter of a Frenchman, an Indian interpreter, who lived just outside the village, and through her it became known to the commandant, and the lives of the people and of the garrison were saved from the massacre.

During the war of the Revolution, Detroit was the depot for the distribution of the supplies to the Indians that kept them true to British interests, and at the same time kept all the inhabitants of the Ohio region in hourly expectation of death by the tomahawk or scalping knife. In the early part of the war a company of Detroit soldiers was sent to Montreal and took part in the battle of the Cedars, but otherwise than this the garrison and militia were employed in protecting the fort and in the Indian incursions into the Ohio country. It became almost a military

Digitized by Google

necessity for the Americans to capture Detroit and plans to that end were formed on various occasions, by Washington, Jefferson, General Clark, and others, but the lack of money and of men prevented the carrying out of the plans. One of the provisions of the treaty of Paris that terminated the war of the Revolution in 1783, was that Detroit should be surrendered to the United States at once, but the English refused to perform that part of the treaty and it was not until after Jay's Treaty of 1794 had been entered into, that Detroit was finally surrendered in 1796. The same year the county of Wayne was formed, with Detroit as the county seat, and the county included the whole of the present state of Michigan, the northern parts of Ohio, Indiana and Illinois, and the eastern part of Wisconsin. In 1802 the state of Ohio was formed out of the Territory North-west of the Ohio River and thereupon the eastern part of the present state of Michigan became a part of the Indiana territory and so remained until the territory of Michigan was formed in 1805. William Hull was the first territorial governor and he arrived in Detroit on the 16th. of June 1805 to find the village in ashes, the smoke still arising from the conflagation of the eleventh instant. The total destruction of the town was really a fortunate thing for the future city for it permitted the Governor and Judges to to lay out a new plan with wide and regular streets in place of the narrow streets of the old town.

Hull remained governor of the territory until he surrendered the Northwest to the British in the war of 1812, and he was then tried by court martial, found guilty and ordered to be executed, but his sentence was commuted.

General Lewis Cass was our second governor and George B. Porter our last, before the formation of a state. The state government was formed in 1835 and Stevens T. Mason, who had been secretary and acting governor of the territory, was elected the first governor of the state. The United States would not, at first, recognize our state and even attempted to appoint John S. Horner as a territorial governor, but Horner had the good sense not to undertake to display his authority on this side of Lake Michigan. Our state rights were formerly acknowledged in 1837 and for many years Detroit was the capital of the state.

The City government as now constituted, dates from 1824 and Gen. John R. Williams was our first mayor.

The annals of Detroit are interesting but want of space forbids the mention of more than a few of the most important.

The Walk-in-the-Water was the first steamboat on lake Erie. It started from Black Rock on Sunday August 3, 1818 and reached Detroit on Thursday the 27th.

The corner stone of the first hall of the University of Michigan was laid by Judge Augustus B. Woodward Sept. 21, 1817.

The Detroit Gazette, our first newspaper, issued its first paper June 25, 1817. Now there are eighty papers and periodicals published in the city. The population of the entire district of Detroit in 1773 was 1,365; the population of the city, alone, in 1830 was 1442 and in 1894 we had 237,837.

Besides the Boulevard, which is a wide driveway, a park extending entirely around the city, there are twenty parks within the city limits, or owned by the municipality. The largest and handsomest is Belle Isle Park, an island of something over seven hundred acres, in the Detroit river a short distance above the center of the city. A ride on the Detroit river, itself, is a greater attraction than any other American city possesses, for there is no river like the Detroit, and a ride of a few hours brings one to St. Clair Flats, the Venice of America.

The street cars of Detroit are all propelled by electricity and the lines extend out into the country to nearly all the neighboring villages, Grosse Pointe, Mt. Clemens, Wyandotte, Trenton, Delray, Royal Oak and Birmingham, and lines are projected to other places.

Digitized by Google

In the city are the Detroit Museum of Art always open to the public, the Public Library, the hospitals, Grace, Harper, Emergency and St. Mary's, the Detroit Sanitarium, all especially worthy of being visited by the Profession.

If the theatres are not open in the evening, or if theatre going is not a pleasant diversion, a ride upon the river in one of the immense ferry boats will be cool, inexpensive and delightful.

Sunday can be well employed by those who are religiously inclined, for there are one hundred and sixty churches in the city, and nearly every sect and denomination has a representative in the list, and the ferries on the river, the parks, the Boulevard, the public library and the Museum of Art are open alike on Sunday as on other days.

C. M. BURTON.

"OPERATIVE TREATMENT FOR THE CURE OF INCONTINENCE OF URINE IN FEMALES."

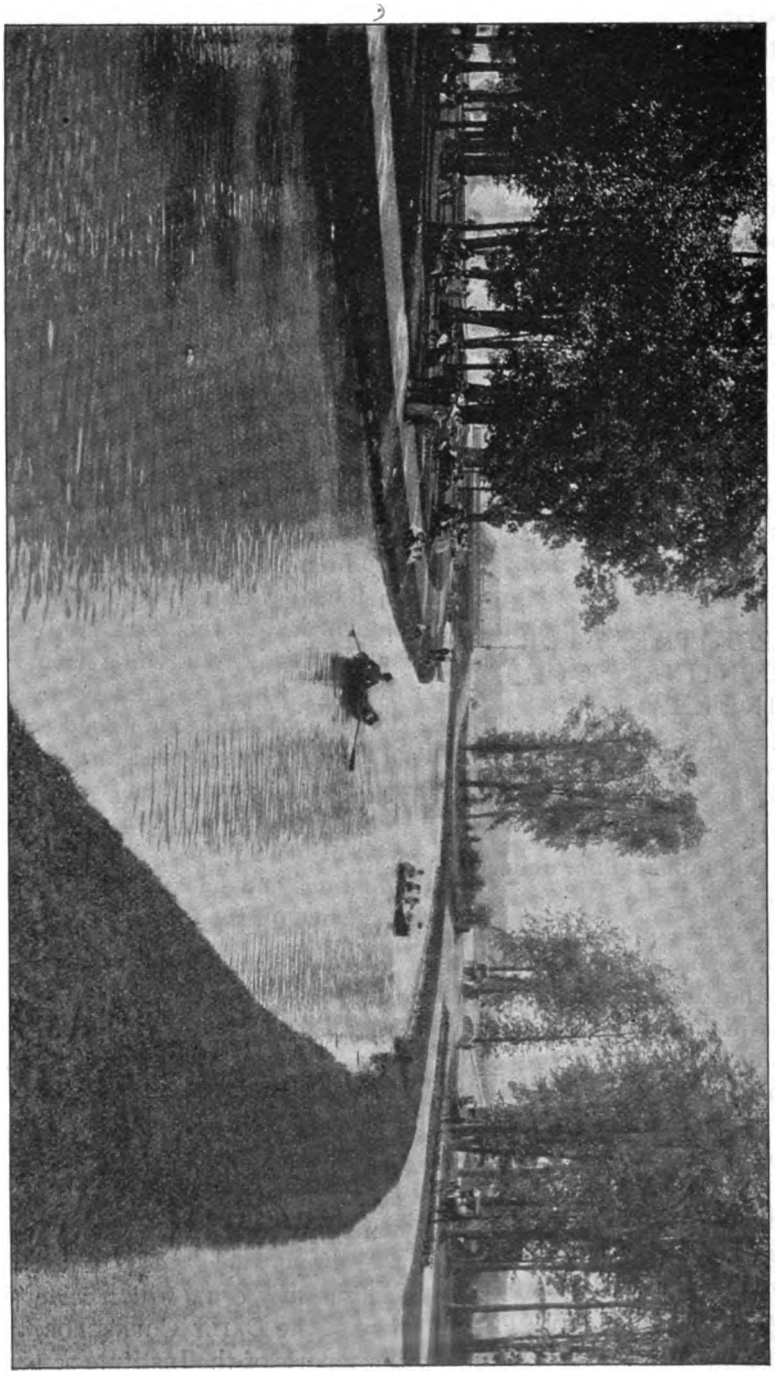
BY W. E. GREEN, M. D.,
LITTLE ROCK, ARK.

In the February '96 No., of the American Journal of Obstetrics, is an article by Dr. D. Todd Gilman, of Columbus, Ohio, under the above caption, in which he advocates the thought that "many cases of incontinence of urine are due to orificial excitation with consequent reflex of the detrusive forces." In accordance with this view he devised an operation for its cure in which the nerve supply to the meatus is severed. He gives a detailed account of several cases in which the operation was performed favorable results following in every instance. At the time of reading the article I had under my care a patient, girl, aet., 14 years, who, all her life had suffered from a most distressing incontinence of urine. She had never passed a single night without wetting the bed, even a nap in the day-time was attended by this humiliating discomfort. Nothing in the way of medical treatment had ever benefited her in the least. Taking my cue from the article of Dr. Gilman, I proposed an operation to which she readily gave consent. Accordingly, she was sent to the Infirmary preparatory to the operative procedure. The patient was anæsthetized, placed in the dorsal position, then the vaginal tract cleansed; after which the hymen was cut away, the hood of the clitoris slit up and the vagina dilated with a Pratt's bivalve. The cervix was found to be greatly eroded, therefore, the uterus was dilated, curetted and packed with gauze. I then made a vertical incision half an inch long and one third of an inch deep, on either side of the meatus, severing the wing-like bands, that shade off laterally, at the vulvo-vaginal junction. A needle armed with a fine cat-gut, was now introduced at the upper end of the cut, brought out at the lower and tied, changing the line of the incision from the vertical to the horizontal, an additional suture was introduced on either side of the first one, which completely closed the wound This procedure Dr. Todd claims widely separates the severed nerves and prevents rapid resumption of nerve connection. But let the theory count for what it may, the patient has now perfect control of the urinary functions and has never wet the bed since she came off the table.

Daily Counselor.

During the session of the Institute in Detroit, we shall publish a DAILY COUNSELOR which we shall sell at ten cents per copy. The *entire profits* from the *sales* of the DAILY COUNSELOR will be given to the Hahnemann Monument Fund. Those who do not attend the session of the Institute, by sending fifty cents will receive the six numbers of the DAILY COUNSELOR, thus enjoying the reports of the Institute session and at the same time contributing to the fund.

Digitized by Google



Water Scene Belle Isle Park.

Digitized by Google

THE MEDICAL COUNSELOR.

A Journal of Homœopathy and Collateral Sciences. Published Monthly by The Medical Counselor Publishing Club, 6 West Adams Avenue. Detroit, Mich.

EDITORS.

Harold Wilson, M. D., Stephen H. Knight, A. M., M. D.

ASSOCIATE EDITORS.

Materia Medica.—M. W. VAN DENBURG, M. D. Fort Edward N.Y
R. MILTON RICHARDS, M. D., Detroit.
Surgery.—CHAS. S. MORLEY, M. D., Detroit.
Medicine.—ROLLIN C. OLIN, M. D., Detroit.
Eye, Ear, Nose, Throat.—D. A. MACLACHLAN, M. D., Detroit
Obstetrics, Gynæcology and Pædology,—
E. LOUISE ORLEMAN, M. D.,
MARY THOMPSON STEVENS, A. B., M. D., Detroit.
Diseases of the Chest.—W. R. MCLAREN, M. D., Detroit.
Mental and Nervous Diseases.—W. A. POLGLASE, M. D., Lapeer.

COLLABORATORS.

M. C. SINCLAIR, M. D., Grand Rapids, C. G. CRUMRINE, M. D. Battle Creek, D. M. NOTTINGHAM, M D., Saginaw.

Subscription price Two Dollars per year. Single copies 20 cents.

Communications are invited from all parts of the world. Contributions, books for review and exchanges should be addressed to the Editors, **14 Willis Ave. West,** *Detroit, Mich.*

Business letters and remittances should be addressed to Rollin H. Stevens, M. D., Business Manager, 6 West Adams Avenue Detroit, Mich.

Editorial.

A Golden Opportunity.

In a recent address before a society of London physicians, Dr. Wm. R. Gowers the celebrated neurologist and author, dwelt to a considerable length upon the efficiency of *drugs* in the treatment of diseases. So impressed was his audience with the earnestness of Dr. Gowers and the reasonableness of his statements that its individual members determined to give heed to what he said and at no distant day to come together again and discuss their experiences as to the value of various remedies.

There is nothing strange in the resolve of our British brethren to avail themselves of whatever help the pharmacopœia might offer them. The strange part of the whole proceding is that at this late date in the nineteenth century it should be necessary to remind any body of physicians of the supposed value of drugs in the treatment of disease and urge upon them the broadening of their experience by a fair trial of medicines as remedial measures. The incident is but a familiar example of the therapeutic nihilism of the dominant school of medicine of today. In the present bacteriological, pathological and surgical craze of the non-homœopathic school of medicine, drugs as curatives of disease are forgotten, are used only as palliatives, or exhibited only to satisfy a popular mistaken idea as to their efficacy, while nature is completing a round of necessary pathological changes.

It is at this time and along this line that we as homœopaths have a golden opportunity We stand before the world and challenge attention as therapeutists and it is as therapeutists alone that homœopaths must succeed as a school if succeed we do. We would not for one moment discourage the study of pathology or surgery or any of the specialities or anything else that goes to make up the education of a broad and liberal physician,nor belittle their importance, nevertheless we cannot hope to compete with the dominant school of medicine with its vastly greater opportunities in these lines. It is in domain of materia medica and therapeutics alone that our brightest laurels must be won, and now is the time to win them.

We are glad to see that the American Institute has practically recognized this fact and by means of the Materia Medica Conference and other ways of special interest is endeavoring to create enthusiam and bring about a return of the love and devotion of the old heroes of homœopathy for their materia medica. S. H. K.

The Souvenir Counselor.

This Souvenir number of the COUNSELOR is an invitation from the profession of Michigan to their brethren about the country to come and see us in our own home. We have mentioned a few facts of interest about our own city and state and tried in an humble way to suggest what our visitors might see when they are here. But printers ink and paper can never do justice to the beauty of these scenes nor can words describe their interest. Come and see them!

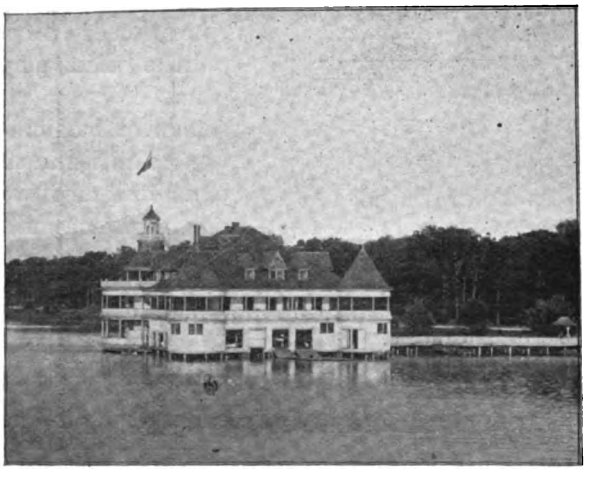
Digitized by Google

Michigan State Medical Society.

A number of the members of the Society met at the Cadillac Hotel on Tuesday May 19, the legal time for the meeting of the Society. The president Dr. MacLachlan called the meeting to order and stated that a notice had been sent to all the members of the Society that a resolution would be offered adjourning the Society until the time of the meeting of the American Institute. (See the COUNSELOR for March.)

The minutes of the last regular meeting were read and then it was unanimously voted to adjourn until Wednesday June 17th, at the Section Room, Harmonie Hall, 12–1 P. M.

Visitors to Detroit are apt to be confused by Detroit time, which is local time; while Railroads, Boats, etc., running out of Detroit, run on Central Standard time. Detroit local time is 32 minutes slower than Eastern time, and 28 minutes ahead of Central time. 9.00 A. M. Detroit time would be 9.32 Eastern Standard, and 8.32 Central Standard time. All meetings of the Institute, Excursions Hotel Dinners, Theatres, Churches, etc., are announced on *local time.* All Railroad time tables are in *Central Standard time.*



DETROIT BOAT CLUB HOUSE.

At both the Union Station and the Michigan Central will be erected a Bureau of Information during the first two days of the Institute, and visitors will find it to their advantage to wait until reaching Detroit before making arrangements for carriages, baggage, etc.

The Woodward Avenue cars running from the Michigan Central Depot pass the Russell House, the Normandie, and run within a short distance of the Cadillac, St. Claire, and Griswold Houses. Transfers can be secured from the conductors to the Grand River line, which passes both the Griswold and the Perkins' Hotel. Passengers arriving at the Union Station by walking one block south will reach the Woodward cars, or can take the Fort Street line passing the Union Station, and running across Woodward Avenue by the Russell House, and near the Cadillac, St. Claire and Normandie.

The Local Committee have plans on foot for many trolly rides; Excursions to Belle Isle Park; to Frederick Stearns & Co.'s Laboratory; to Water Work's Park; to Parke, Davis & Co.'s Laboratory; to Palmer Park; to Put-in-Bay; to Sugar Island; to Grosse Isle; to Amherstburg, Ont.; to Hiram Walker's plant Walkerville, Ont., to Chatam, Ont., to the Mettawas, Kingsville, Ont., to Mt. Clemens, Mich., the "Carlsbad" of America aad Port Huron, Mich. The Steamer Unique makes daily trips in 4½ hours to Port Huron,

---

The Materia Medica Conference will meet on Tuesday, June 16th, in the Turkish Room of the Cadillac Hotel, and on Wednesday, June 17th, at the Harmonie Building.

One of the features of the meeting will be the demonstration of the X ray by Prof. W. H. King, of New York.

Digitized by Google

THE MEDICAL COUNSELOR.

A MONTHLY JOURNAL OF HOMŒOPATHY AND COLLATERAL SCIENCES.

OLD SERIES, VOL. XV.
NEW SERIES, VOL. I.

DETROIT, JULY, 1896.

No VII

RHYTHM.

BY ARTHUR C. ROLL, M. D.,
TOLEDO, OHIO.

Read before the "Homœopathic Medical Society of Ohio.

'Tis Rhythm which gives us all that is good and beautiful in life. Rhythm between internal changes and external changes of an organism is life itself.

When the organic cell first begins to evolve, a rhythm is established which continues till the organism is dissolved. The fœtal heart beat in its rhythm affects every part and tissue, and reaches out in its spread with the growth of the enlarging child and is not limited even there, but affects everything with which it comes in contact. When the new born babe gasps and begins to breath the rhythm becomes more complicated but is not changed in its general aspect.

When the rhythm of one organized being is in harmony with the rhythm of surrounding nature, that being is in health; but when the rhythm is too rapid or too slow, or out of harmony with its environment it is diseased and needs something to restore its equilibrium. Force is persistant, matter is indistructable; these are the basic principles of philosophy. Force acting on matter sets up a rhythmic motion which is present throughout the universe. Rhythm is manifested to us through the waves of light, through the waves of sound, and when we look at the more preceptable matter we see the waves of the Ocean which are rhythmic in every detail. Time does not permit, but we could trace throughout all organic matter this same rhythm.

We are more interested, however, in organic matter and here we find rhythm universally manifested, and the more highly organized and differenciated the being, the more perfectly will rhythm be manifested. Among the lower animals we see rhythm manifested in all the functions of life. When we reach the higher orders we not only see rhythm in those functions which preserve life, but it plays a most important part in all the higher accomplishments which make it possible for man to carry on the social functions with his fellow man.

'Tis Rhythm which gives us music. 'Tis Rhythm which gives us poetry and poetic prose. 'Tis Rhythm which makes it possible for us to unite in societies, in churches in political parties and in governments.

When we study the rhythm of the solar system, as well as of our earth, and trace it along the lines of evolution we see that as organisms become more evolved rhythm becomes ever more complicated and at the same time more perfect. We begin to see that man, who has reached the highest state of evolution must, in health, be possessed of the most perfect rhythm between internal and external changes of his organism; or in other words, man is more nearly in perfect harmony with nature than any other, at present, existing organism. You may say, what has all this to do with physiology and pathology? Well let us see.

It is a rhythm motion which makes it possible for us to obtain our food. It is a rhythmic motion which masticates and deglutates. It is a rhythmic motion which carries the bolus of food through the œsophagus to the stomach. It is a rhythmic motion of the stomach and intestines which makes it possible for digestion to be completed and the food prepared for assimilation. It is a rhythmic motion of the heart and blood vessels which keeps up the circulation of the blood and carries nutrition to the tissues and brings away the waste materials. We also see the significance

Digitized by Google

of rhythm in respiration as well as in every function of life. Now when the physician learns the normal rhythm, which is present during physiological processes, it is not hard then to distinguish abnormal rhythm which is present during pathological processes.

Man can well be compared to a harp with a thousand strings and when in health the vital force playing on the strings gives forth a rhythmic, harmonious song of life; but when diseased, the physician, who can be compared with the skilled musician, loosens this string and tightens that one, and endeavors to restore the vital harp to its normal equilibrium,

---

THE OPHTHALMOLOGIST AND THE PHYSICIAN.

BY THOS. M. STEWART, M. D.,
CINCINNATI O.

Our best teacher is experience. The young physician learns more practical and valuable lessons during the first six months of practice, than it is possible to learn in the most extended college course. This is because he is thrown upon his own resources, and is compelled to decide questions for himself and to test the accuracy of his decisions as time goes on. During this period of getting acquainted with the methods by which experience teaches valuable lessons, the physician receives his best lesson, perhaps, in the contact with people. He learns then that human nature is largely the same in all departments of life, he finds broad and liberal minded people and narrow bigoted ones. He finds some who appreciate the character of the work done for them, and others who criticize without provocation.

After a time contact with people is extended in that he comes into relation with other physicians, first in consultation and second in societies. In the matter of consultations, human nature is shown in all its weakness and all its strength. There are some physicians who cannot resist the opportunity to put in a good word for themselves and to cautiously throw out a hint that the other doctor is good enough, of course, but "I," that is what they want others to see. Forgetting that a man of ability, a man of character, by simply doing his duty to support his brother practitioner in the presence of the family, reserving his technical points of disagreement for the ear of the physician himself, is the man of all others who is respected for his true worth.

This is a general statement thus far, but when the physician finds it necessary to consult with an opthalmologist or an aurist, the circumstances remain much the same with new conditions. The new conditions are these, the physician knows less about the diseases of these special organs and less about the methods of making an examination of them, than of other organs.

In State Society meetings it is quite usual for the general physician to ignore the eye and ear bureau, though the blame may rest upon the subjects to be discussed by the essayist. But the real fault is not this, the fault is that too much time is taken up in college work with technical matters in relation to the eye and the ear, *before* the true relation of these organs to others is established.

Let the student *know* that the kidneys, heart, liver, brain, nervous system, stomach, nose etc., often reflect themselves in the eye or ear, and that there are well defined and simple methods of excluding or including the influence of these organs upon the special eye trouble. Let the students know that certain complaints show their first symptoms or important diagnostic signs in the special organs mentioned, an interest will be aroused that will lead them to a study of the eye and the ear for the helpful knowledge gained.

What justice is there in criticising a general practitioner for having treated a case diagnosed as gastritis or biliousness, with an inflamed eye as a complication when a glaucoma is the real disease and the other symptoms simply reflex? There can be no justice

Digitized by Google

in such a criticism if it be known that students are encouraged to believe that they need not study the eye unless they wish to be specialists, or when the subject of glaucoma is presented to them from an uninteresting and impractical standpoint.

Again eye and ear patients referred to the specialists are usually able to go to the office of the latter. The duty of the specialist is to acquaint the physician, who has been courteous enough to direct the patient to the specialists with the diagnosis and the nature of the treatment to be employed; allowing the physician to carry out the treatment if it is simple or no reason exists to the contrary. Valuable knowledge may be thus imparted to the general physician and his interest in the case secured.

It is a penny wise and pound foolish policy for the specialist to hug to himself all the little practical points about simple cases, for fear some one else may not send him that class of cases, forgetting that as the knowledge of the general physician is extended into special demands the more cases he will discover to send to the specialists. From a purely selfish standpoint then the specialist should not stand in his own light.

Those who have been freely partaking of the general stock of knowledge are not always ready to put back into circulation the knowledge they have thus been enabled to gain. They have been helped much, and they should use their powers to help others. This rule is applicable in all life, it is the golden rule of all creeds and all religions, by its enforcement the higher evolution of the race may be accomplished and greater progress achieved.

In its application to teaching it would mean let the student learn general principles and their relation to special ones, let him look at medicine through a telescope before putting into his hands a microscope. Let him know the fundus of the eye is a focusing point of many general diseases before putting him to practice with the ophthalmoscope. Let him know the facts first, and then tell him he can find the theories in the books, if the length of the term does not permit of any reference to them further than a wise caution not to forget that theories must precede, in many instances, the discovery of facts. He should know how to respect theories as well as facts, and how to tell a good theory from an inferior one.

The specialist should endeavor to stimulate a healthy interest in the study of his specialty, so that both student and physician may from knowledge learn to judge of the character of the work to be done and when to call in another to do it.

EMPYEMA OF THE ANTRUM.—A CASE.

BY GEORGE H. QUAY, M. D.,
CLEVELAND MEDICAL COLLEGE.

The following case is reported, not that the conditions presented are unusual or infrequent on the contrary, I believe that empyema of the accessory cavities of the nose, is more common than generally supposed.

Whether the affection is encountered more often than formerly, owing to the greater attention paid to rhinology during the past few years, and with the aid of local anæsthetics, and also the improved instruments devised, enables the physician to diagnose with greater certainty what was formerly considered rare conditions; or, whether the sinuses in common with other parts of the respiratory tract, have been left in an inflamed condition, as a result of the influenza epidemics that have annually swept over the land the past five years.

Probably both theories are the main reasons why the condition is encountered more often than formerly.

I acknowledge, that looking over the records of my nose cases, presented, five or more years ago, that many intractable cases of hypertropic rhinitis, were evidently complicated with disease of the nasal sinuses, which remained unrelieved because the whole condition was not recognized.

Digitized by Google

At this time, I shall not enumerate the various symptoms indicating a diagnosis of the affection under consideration, but desire to call attention to one or two only.

Recurring neuralgia, of one side of the face, with tenderness on pressure over the infra-orbital foremen, and over the canine fossa, should lead to an examination of the maxillary cavity. When there is, in addition, a periodical creamy discharge, empyema of the antrum may be considered present.

Case. Miss B.—33 years of age, school teacher in one of the large towns in the eastern part of Ohio.

Ever since she can remember, there has been blocking of the right nostril. At periods varying from one week to two months, there occurs a thin yellowish discharge from a small opening in the crease formed by the union of the cheek with the gum, above the first and second molars. For a few days before the discharge appears, there would be continous severe pain in the face, and also frequent paroxysms of darting pain, intensified by pressure over the infra-orbital foramen.

In the morning, there was a foul taste, and very disagreeable odor. For a number of years she rarely failed to vomit a slimy mucous before breakfast.

Various physicians were consulted, including a well known surgeon-dentist. He extracted the second biscuspid, although the tooth was perfectly sound; no relief followed this. During the next attack she again called on him, when he painted the gum with iodine and assured her it would be all right. But the result was the same as before.

The case then came under my care. So far as I could determine, all the teeth were perfectly sound, and only one extracted.

To my mind the history of the case indicated empyema of the antrum.

Accordingly, the middle and lower turbinals were deeply cut with the galvono-cautery. I then opened the cavity, through the socket of the extracted tooth, this was followed by a profuse discharge of pus. The cavity was syringed with peroxide of hydrogen, followed by boracic solution, and then packed with gauze.

In one week she returned to her school duties. The artificial opening is prevented from closing, by inserting a rubber plug, this she removes and washes out the cavity with boracic solution every three or four days.

The operation was performed about five, months since, a letter received a few days ago, states that vomiting has not returned no recurrence of pain, but occasionally a little purulent discharge through the sinus and the opening.

The case is not reported as something rare but rather to call attention to a condition frequently met with in general practice, but not always traced to its true source.

A LESSON IN HOMŒOPATHY.

BY S. J. QUINBY.

SO. OMAHA, NEB.

I chanced one day to be talking with a homœopathic physician about his cases. He remarked that he was then treating a gastric ailment and using *nux vomica* and *lycopodium* in alternation. The precepts of the immortal Hahnemann being fresh in mind, such a statement from a professed disciple, struck me as being somewhat peculiar and forcibly reminded me of a story. The subject of this narrative was not an M. D., but a man of the cloth and pastor of a prominent church in a western city, who through the magnetic powers of orator, and hearty good fellowship was blessed with overflowing congregations. Amid all this there was a marked absence of that teaching of those fundimental Bible truths which is supposed to vitalize a church. At this juncture a stranger sojourning for a season in the city, sought the said edifice as his spiritual home. After several Sabbaths of weary waiting, being of the devout order, he began to hunger for the sound gospel crumbs which did not fall from the preacher's lips.

Digitized by Google

While in this frame of mind he met one of the good old deacons and accosted him thus. Deacon, does your pastor *ever* preach the gospel? The good deacon being somewhat dazed at the sudden query, vacantly gazing into space, replied, "Well! y-e-s a *little* sometimes."

Let us examine this prescription and see how much homœopathy there is in it by comparing the two drugs.

Lycopodium acts through the vegetative nervous system and is gradually depressive in its nature. Its *center* of influence is in the digestive tract. Functional power weakens with failure of the digestive power, which causes ultimate destruction of tissue.

Nux vomica acts pre-eminently upon the spinal cord including the motory and sensory centers, is especially strong in the reflexes and of an excessively irritative nature. The irritative influence gives rise to incoherent muscular action, over stimulation and pervertion of all the functions of animal life. Is especially adapted to disorders of digestion when resulting from long continued errors in diet highly seasoned food, stimulating drinks and drug mixtures in general these conditions being particularly marked in dark haired persons of sedentary habits. They are usually thin in feature, irritable, quick, active, fiery and excitable in temperament, stubborn and morose in temper.

Lycopodium is best suited to persons predisposed to hepatic and pulmonary affections. Those who are muscularly weak who have a pale somewhat sallow face which easily flushes, the cheeks becoming red, who when sick are imperious and domineering and in general disposition are impatient, irritable and easily excited to anger. Mentally there is great relaxation and weakness manifested by forgetfulness of words and sentences. This amounts to an actual loss of words and ideas. *Nux* has a similar condition from a confused, inharmonious mentality. The words and ideas are present but there is an inability to command and arrange them.

In the gastric sphere *lycopodium* has a vigorous appetite, the person sits down to eat with a relish and is filled up full by a few mouths full of food. The *nux* patient is hungry but has no relish for his food. Both have sour taste in the mouth, sour eructation and sometimes vomiting.

Lycopodium has a copious formation of gas in the intestines which is inclined to pass upwards and impede respiration, produce belching and water brash. In *nux* the gases form and are inclined to pass downward and urge to stool and urination. In *lycopodium* the pit of the stomach is swollen, sensitive and intolerant to pressure, belching of gas does not relieve. In *nux* there is a similar condition of the stomach. Light pressure aggravates, firm pressure is tolerated. There is also partial relief from eructation. In *lycopodium* there is distress, fullness immediately after eating while in *nux* it comes about one hour afterwards. Both have constipation and ineffectual urging to stool. In *nux* this condition is occasioned by an inharmonious action of the muscles of the anus and rectum, in *lycopodium* by a contraction of the same. *Nux* has painful ineffectual efforts to urinate with a burning and scanty discharge. In *lycopodium* the urine is turbid, of bad odor and deposits a red sand. The aggravation of *nux* is in the morning that of *lycopodium* from 4 to 8 p. m.

It will be observed, that although there is a similarity in some of the lines of action of the two drugs, yet in their essential nature they are really diverse, as the main-spring of one is stimulation and the other depression. The lesson of this paper is a plea for an abiding faith in the practice and precepts of our school that our patients may not be left to hunger for sound homœopathy as the stranger did for the gospel.

Dr. Frank McGuire has been compelled by business connections in Alpena to return there temporarily from Detroit.

Digitized by Google

Ohio State Homœopathic Society.

The Ohio State Homœopathic Society held a large and enthusiastic meeting at Piqua, May 12 and 13. The program was as follows:

MATERIA MEDICA.

Henry Snow, M. D., Chairman, Norwood; "*Thuja;*" Wm. Owens. M. D., Cincinnati, "The value of Antitoxine as a homœopathic drug"; W. B. Hinsdale, M. D., Ann Arbor, "Some recoveries coincident with the administration of certain remedies"; J. A. Thompson, McComb, "*Lycopodium*"; A. W. Redish, Sidney, "*Mercurius*"; J. A. Gann, M. D., Wooster, "The mind in our Materia Medica"; J. C. Fahnstock, M. D., Piqua, "Proving *Theopsi Bursa Pastoris*"; C. R. Coffeen, M. D., Piqua, "*Vert. Viad.* with comparisons; F. O. Hart, M. D., West Unity, "Homœopathic treatment of chronic alcoholism.

GYNECOLOGY.

J. H. Wilson, M. D., Chairman, Bellefountaine, "Displacements of the uterus"; C. E. Walton, M. D., Cincinnati, "A Hermit's Story"; H. D. Bishop, M. D.,Cleveland,"Surgical treatment of abortions"; H. D. Beebe, M. D.,Sidney, "Uterine curettage"; Mary Dennison, M. D., Toledo, "The preparation of a patient for an abdominal section"; M. H. Parmelee, M. D., Toledo, "The Alexander operation."

OPHTHALMOLOGY AND OTOLOGY.

E. G. Rust, M. D., Chairman, Wellington; Thos. M. Stewart. M D., Cincinnati, "Headache and eye strain caused by nasal disease"; Emma Boice-Hays, M. D., Toledo, "Effect of cycling on the eyes"; R. G. Reed, M. D., Bellefountaine, "Accommodation and convergence"; W. A. Phillips. M. D., Cleveland, "O and O Donts"; G. D. McDermott, M. D., Cincinnati, "Traumatism as a factor in eye troubles"; H. B. Hills, M. D., Youngstown, "A case in practice"; J. N. Harvey, M. D., Toledo; W. B. Croft, M. D., Medina, "Why children wear spectacles"; J. E. Wilder, M. D., Sandusky, "A case of conical bi-lateral cornea, treatment and results."

LARYNGOLOGY AND RHINOLOGY.

P. T. Killgour, M. D., Chairman, College Hill, "The Pharynx and its woes"; C. A. Dixon, M. D., Akron, "Snuffles."

SANITARY SCIENCE.

L. D. Meader, M. D., Chairman, Cincinnati, "The early diagnosis of Typhoid fever by the use of the Eisner culture method"; R. B. Carter, M. D., Akron, "Thoughts from practice"; W. L. Peters, M. D., Nebraska, "The efficacy of the quarantine"; H. C. Houston, M. D., Urbana, "Duties of health officers in smaller cities."

ANATOMY, PHYSIOLOGY, AND PATHOLOGY.

S. J. D. Meade, M. D,, Chairman, Cincinnati, "The valley of dry bones"; Arthur C. Roll, M. D., Toledo, "Rhythm"; Lincoln Phillips, M. D., Hartwell, "A plea for better work in physiology."

CLINICAL MEDICINE.

W A Geoghegan, M. D., Chairman, Cincinnati, "Clinical interpretation of urinary analyses"; H. T. Miller, M. D., Springfield, "Methods in the treatment of typhoid fever"; R. B. Johnson, M. D., Ravenna, "Pneumonia"; C. Zbinden, M. D., Toledo, "Rheumatism"; R. B. Carter, M. D., Akron, "Some things I know, or think I know"; A. L. McCormick, M. D., Cincinnati, "Pathology and diagnosis to the patient"; J. M. Overpeck, M. D., Hamilton: J. M. Crawford, M. D., Cincinnati. "Catarrhal conjunctivitis as a result of nasal disease"; Robt. S. Evelyn, M. D.. Cleveland, "Remarks on dysentary,"

NEUROLOGY.

H. D. Champlin, M. D., Chairman, Cleveland; Laura Brickley, M. D.,Harrison, "A common sense paper on epilepsy"; J. D. Buck, M. D , Cincinnati, "Chas Hoyt, M, D., Chillic the, "Nureasthenia or chronic invalidism"; J. H. Cook, M. D., New Carlisle, "Uses of nervous reflexes in emergencies"; G. R. Bissell, M. D., Columbus.

OBSTETRICS.

J. W. Means, M. D., Chairman, Troy, "Mechanical and Medicinal aids to the parturient"; C. A. Pauly, M. D., Cincinnati, "Discussion of Dr. Means' paper"; Julia C. Jump, M. D., Oberlin, "Value of Homœopathic remedies in obstetric practice"; W. C. Hastings, M. D., Van Wert, "Mastitis."

PAEDOLOGY.

E. J, Wunderlich, Chairman, Cleveland, "Lactation"; G W. Rhonehouse, M D,, Maumee, "Capillary Bronchitis"; S. R. Geiser. M. D , Cincinnati, "Sterilized and Pasteurized milk as infant food."

SURGERY.

J. K. Sanders, M D , Chairman, Cleveland, "A case or two of Appendicitis"; J. Deetrick, M. D., Youngstown, "The X ray as an auxiliary to surgery"; A. E. Sheble, M. D., Toledo, "The renaissance of surgery" W. E. Wills, M. C., Cleveland, "The clamp and cantery in the treatment of hemorrhoids"; T. C. Martin, M. D,, Cleveland, "A new method of visual inspection of the rectum and sigmoid flexure"; W. T. Miller, M. D., Cleveland,

Digitized by Google

"Pus within and about the peritoneum"; L. K. Maxwell, M. D., Toledo, "Perineal and urethral injuries in the male"; J. C.Fahnstock, M. D., Piqua, "A new tenaculum"; C E. Sawyer, M. D., Marion, "Adjunct to the treatment of joint diseases."

THE FOLLOWING OFFICERS WERE ELECTED:

President—Maurice P. Hunt, Columbus.
1st Vice Pres.—Wm. A. Geohegan, Cincinnati
2nd Vice Pres.—J. T. Ellis, Waynesville.
Gen. Secretary—Arthur C. Roll, Toledo.
Ass't Secretary—R. B Carter, Akron.
Treasurer—T. T. Church, Salem.
Necrologist—D. H. Beckwith, Cleveland.

BOARD OF CENSORS:

C. E. Walton, M. D. Chairman, Cincinnati
C. Zcinden, M. D., Toledo.
Mary Dennison, M. D., Toledo
H H. Baxter, M. D., Cleveland.
R. B. Carter, M. D., Akron.
F. O. Hart, M. D., West Unity.
H. Pomeroy, M. D., Cleveland.

The sessions of the society were held in the Y. M. C. A. Hall, and the Hotel Plaza was selected as headquarters.

On Tuesday evening, May 12th, the physicians of Piqua gave a banquet to the society at the Hotel Plaza.

THE HAHNEMANN M NUMENT FUND.

Individual subscriptions are very much desired and needed. They may be sent to the Treasurer, T. T. Church, M. D., Salem, Ohio.

LOCAL COMMITTEE OF ARRANGEMENTS.

J. C. Fahnstock, M. D., F. M. Hunt, M. D., E Loy, M. D., R. Wolcott, M. D.

The next meeting will be held at Akron, May 11 and 12, 1897.

The Following by Chas. Gatchell Appears in This Month's Medical Era.

Owed to Detroit.

O, Detroit, thy fair fame shall long be enshrined in our memory! We owe thee much, O, Detroit. We owe thee a deep debt of gratitude, and dollars,* and shekels, and laurels and sich, without number.

O, Detroit, we shall long remember thy hospitality. thy generosity, and thy liberality. Among other things we shall remember thy Harmonie Hall, thy committee rooms, thy Meissen parlor, thy exhibit hall, thy auditorium, thyDAILY COUNSELOR, thy badges, thy signs,and thy attendants; also thy boatride,thy Rushmere, thy reception thy Euterpe quartette, thy flowers, thy banners, thy cloakroom and thy maltneutrine; also thy *Free Press*, thy Cadillac, thy Pingree, thy potatoes, thy Comptroller, thy Grace Hospital, thy trolly cars, thy scoops, thy 3-cent fares, thy carriages, thy coupes, thy base-ball, thy pavements, thy cleanliness, thy boulevards, thy parks, thy Belle Isle, thy rapid river, thy meandering streets thy roof-garden, thy cafes, thy tower-lights, thy depots, thy weather, thy sunshine and thy showers; also thy Miller, thy two Lodges. thy Olin, thy Rudy, thy LeSeure, thy MacLachlan, thy Orleman, thy Smith, thy Klein, thy Bailey, thy Sterling, thy Caron, thy Ellis, thy Gue, thy Richards, thy Spranger, thy Knight, thy Stevens, thy Lawson, thy Mera, thy Morley, thy Sage, and all others† within thy gates.

O, Detroit, we are under a thousand obligations to thee for thy generous,thy handsome thy magnificent hospitality, in our history unsurpassed. We admire thee, Detroit; we trust thee, we like thee, we love thee, we lay flowers at thy feet, O, Detroit, Detroit, *Daytrwa!—Medical Era.*

* Which we trust have all been paid.

† Save one.

Those who are going to the International Congress in London should bear in mind the Canadian lines that sail from Montreal notably the Dominion, Beaver and Allan. Montreal contains much that is interesting to the tourist and sightseer. Good accommodations may be had at the Windsor, or Balmoral. Dr. Hugh M. Patton, Surgeon and superintendent to the Montreal Homœopathic Hospital will gladly welcome any visitors and extend them courtesies.

Dr. Walter Sands Mills, Sec'y of the Connecticut Homœopathic Society has recently suffered from several attacks of hæmoptysis, and is now on his way to New Mexico in search of health.

Digitized by Google

52 Annual Meeting of the American Institute of Homoeopathy at Detroit.

Materia Medica Conference, 1st. Session Tuesday, P. M., June 16.

Dr. T. F. Allen, Chairman, presented his introductory remarks, in which he outlined the purpose of the Conference, stating that after a hundred years of practical life, it may be desirable to investigate the foundations of the building, to strengthen it in its weaker parts. The practice of homœopathic therapeutics is fraught with difficulties, he said, and is too uncertain for a scientific *positive* method which Homœopathy is claimed to be, and that some, at least, of these obstacles are due to the method of construction. He deplored that this has produced much skepticism. Incidentally, he continued. we must also decide, but not this year, as to whether we require any other therapeutic method in the *cure or treatment* of the sick and thus add to our materials.

Dr. Allen placed great stress upon the question: "*Do we recognize the totality of the symptoms as the essential disease, to be treated and cured?* Upon the answer to this question will depend the construction of a *Symptomatology or of a Pharmacodynamic pathology.*"

Dr. Conrad Wesselhoeft of Boston, then followed with the address of the day, on "Has the Law of Similars Ever Been Unequivocally Demonstrated by the Deductions from General Practice; and Do We Not Require its more Formal Proof by Inductive Experimental Research"?

Dr. Wesselhoeft, one of the many scholarly men of the Homœopathic profession, is known as the translator of the Organon of Medicine, which contains the law of Homœopathy, as written by Samuel Hahnemann, and given to the world.

The essayist made a learned resume of the homœopathic principles, but his paper left the unpleasant impression that there was nothing left of the law of homœopathic medicine that was safe to be trusted in the administration of medicines. Dr. Wesselhoeft said that in calculating the value of a remedy we should be sure that a case would not get well, or the course of a disease be shortened without medicine, and that the proof of the curative action of drugs should be as absolutely demonstrated as their power to produce morbid states.

Dr. Deschere said, laboratory experiments were necessary to show the action of drugs and related an elaborate physiological test of *Camphor* by Dr. Alexander Lervin a non-homœopathic physician which proved the homœopathic symptomatology and use of the drug. Dr. Deschere believed that experiments conducted with other drugs would show the same results.

Dr. Cowperthwaite said that the word unequivocal takes away all chance of discussion There is no unequivocal demonstration of any thing. We have a satisfactory demonstration however. There have been demonstrations by comparison with systems without medicine, with their failures.

Dr. Pemberton Dudley, said it will soon be unequivocally demonstrated that there are no opaque substances in nature, no argument against it. We should not demand too scientific proof.

Dr. T. F. Allen, New York, said clinical experience has upheld the law. He cannot get away from the truth of the law although he tried to be skeptical. We must pile up the evidence until it is overwhelming and crushing.

Dr. H. C. Allen, said Dr. Wesselhoeft had made the best agnostic address he had ever heard.

Dr. A. B. Norton of New York commended the proving of medicines directly for their effect upon the eye. He said that absolute and scientific provings could be made that would stand the test of any investigation and prove a strong and irrefutable demonstration of the correctness of the law of similars.

Dr. M. W. Van Denburg of Ft. Edwards said that the essayist had not asked whether the law of similars has ever been unequivocally demonstrated to be a deduction from general practice, but whether it has been one of written records. I admit that we have no written records. Perhaps they would stand the test of science much better. It is the experience of thousands of physicians and practitioners that belladonna has been given and produced a headache peculiar to belladonna: on the other hand that same condition being medicated by belladonna has given away and the patient declared himself cured. The same in relation to veratrum viride in cholera morbus. If you have done that you have proven the correctness of the aw of similars. It is like a judge saying if you bring to me type-written testimony I will accept it, but not otherwise.

Dr. Wesselhoeft in answering the remarks said he did not reject Hahnemann's evidence only his opinions. By unequivocal, he means not absolute but so strong that others beside homœopaths can understand and see the proof.

Second Session, Tuesday, June 16th, 8 p. m.

Second Topic.—"In What Particulars has the Proving of Drugs Deviated From the Rules Laid Down by Hahnemann in the Organon, and in What Particulars Do Hahnemann's Rules and Directions for Proving Drugs Differ From or Fall Short of Those Required by the Methods and Precautions of Modern Scientific Research?"

Dr. T. F. Allen, the Chairman, introduced the discussion by stating Hahnemann's rules for proving.

Digitized by Google

Dr. Eldridge C. Price, of Baltimore, read the essay. He criticized the lack of system, irregularity in drug experiments, showing no knowledge of a practical psychology which is in its infancy as applied to material problems. Homœopathists may be held accountable for not following the rules laid down by their master.

As to the second part of the question, Hahnemann was not only abreast of his time but beyond in many respects; but great advancements have been made since his day, and we regard his methods not sufficiently rigid and not always pratical; for instance, calling for healthy persons for experimentation. When physicians do prove drugs they should do so under the directions of some other physician, to prevent deception.

We find in the proving of drugs by the great majority that the Hahnemann rules have not been fairly tested; but still they are insufficient, due to advanced scientific methods. It behooves us to encourage the Hahnemann principles.

Dr. J. S. Mitchell, of Chicago; It is no discredit to the great master of our art that he did not, in his directions for proving, recognize the modern scientific methods, no more than it is to the discredit of Dr. Sydenham that he did not know the difference between pleurisy and pneumonia; it was all lung fever to him. In the Organon we have glimpses of the germ theory.

Would recommend that each professor of materia medica and clinical medicine take a certain number of healthy persons and trace with the sphygmograph the normal pulse; then let the patient take, in varying doses, digitalis, strophanthus and convallaria, and trace again. Think in two or three years in this way we could get valuable data.

Dr. Conrad Wesselhoeft, Boston: have no criticism upon-Dr, Price's paper, think it speaks for itself. The more one experiments with proving drugs the more he should be convinced that it is one of the most difficult scientific undertakings that we can possibly attempt, though it seems to have always been regarded as an easy thing. Think Hahnemann saw it was exceedingly difficult and therefore surrounded it with precautions. To find an adept at proving would be like finding a great painter or a great musician. Should get a number of persons to make the same attempt in proving drugs in accordance with Hahnemann's rules; take the results compare them carefully and keep that which agrees, Here is a difficulty: can we expect provers to write down or study independently their symptoms? There has been such a thing as cribbing from one another. We should endeavor to get as many to take part in the proving as possible. Great difficulty is found in comparing the results. The principal thing would be to get that which agrees and use it in the treatment of the sick.

I would be very sorry to have it understood that I do not value the homœopathic law, but I do not think it was given to us in full perfection.

Dr. George Royal, DesMoines, Ia., In the main in hearty accord with Dr. Price's views.

Hahnemann was in advance of his time, but it was impossible for him to have foreseen what great improvements were in store for the future the instruments and other helps of modern practice. Think Hahnemann realized that if he undertook to give fixed rules, they would need revision with every new discovery and for that reason he left us only general principles.

I am forced to the belief that Hahnemann's rules fall short of modern research in few, if any particulars.

Dr. Pemberton Dudley, Philadelphia: Am more than satisfied that Hahnemann was a leader in the scientific thought of his day and would be, if living today.

If Hahnemann were here to-night. do you suppose that he would point back to the rules laid down in the *Organon* and say, There are the rules, follow them. I think it unjust to insist upon it that we hold Hahnemann and ourselves down to the knowledge that Hahnemann had 100 years ago.

Dr. Martin Deschere, New York: I have nothing to add of importance. I want to emphasize one thing, and that is, that we must honor Hahnemann's memory. Hahnemann has left us a master-piece in his Materia Medica so vast that, not even the entire profession of homœopathic physicians up to today has equalled him. Still, it is our duty to add to and improve on Hahnemann's work; that is what we are here for; and as has been said before, If Hahnemann were here today, he would avail of the benefits of modern research.

3rd. Session. Wednesday A. M.

The topic for the forenoon session was "In the search for the simillimum, shall we endorse the Organon in saying that the totality of the symptoms must be the sole indication in the choice of a remedy?" Dr, Wm. Boericke, of San Francisco, was the essayist, and he answered the question unqualifiedly in the affirmative. Dr. H. C. Allen, of Chicago, thought this principle had not been improved upon. The sum of the symptoms must be the sole guide in prescribing. Drs. W. J. Hawkes, of Chicago. and J. D. Buck, of Cincinnati, also agreed with Hahnemann in this regard. Dr. A. L. Monroe, of Louisville, was hardly willing to be limited to symptoms. Dr. T. P. Wilson, of Cleveland. was also inclined to kick over the "totality" traces. He did not believe the Organon had been literally translated. Most

Digitized by Google

of the other five minute speakers expressed a willingness to follow Hahnemann as they found him.

A number of physicians followed with five minute speeches on the topic of the session. All were of the opinion that the tendency of scientific revelations of the past century, even to the Roentgen X ray, have strengthened rather than weakened the theory originally prepounded by Hahnemann.

The following resolutions the outcome of the discussions were offered to the Institute and adopted.

The following resolution was offered by Dr. Kinne and adopted unanimously:

Resolved, That Similia Similibus Curentur has been proved scientifically to be the law of therapeutics and has been demonstrated to be successful in application.

Offered by Dr. Lamson Allen:

"Resolved, That this Materia Medica Conferenee recommend to the American Institute of Homœopathy that it instruct its Materia Medica Committee to carefully prepare an accurate and scientific plan by which future provings of drugs may be conducted" Seconded by C. E. Fisher, M. D.

Adopted.

The following resolution was offered by Dr. Conrad Wesselhoeft, and was adopted: "That it is the desire of this Institute that Hospitals of all schools furnish accurate statistical information for a comparison of the value of different methods of therapeutic practice. And be it further resolved. That this is the best method of deciding matters of dispute between the schools as well as between the different practices within schools and that, for this purpose, our hospitals, as well as those of the older schools, shall be appealed to, to carry out the purpose of these resolutions."

Dr. C. E. Fisher offered resolutions which were in substance the following,

They were adopted seriatim:

I. Appreciation of the work of the Conference and gratification because of its good results.

II. Continuence of the Conference.

III. One third of the members retire each year.

IV. The Conference select all disputants.

First Centennial Address.

The first of the three centennial addresses on the law of similars was given Thursday June 18, 2:30 p m. by R. N. Foster, M. D., of Chicago. "The Logical Basis of the Law of Similars; Does it commend itself to our Reason."

Medicine does not always belong to metaphysics. Logic is merely pure thought, it is not the object thought. Fact without logic or thought is the grist without the mill. Logic alone is the machinery grinding away, wearing itself out turning out nothing. We all believe in Law of Similia. The only theory which has grown stronger with the lapse of years. Most of its adherents are converts from other systems. It necessitates severe work; proving of drugs on the healthy man, not on animals, for we cannot argue from lower animals to man. Hahnemann utilized and purified the experience of all his predecessors. Nothing in therapeutics like it, equal to it or in sight, as liable to surpass it. To-day Hahnemann is justified by modern scientific research, even to the high potencies.

Rowland shows that 1-600,000 arg nit. in water would inhibit growth of aspergillum niger, though none of the drug could be detected by chemical test.

Nagelict proved that in the weakest solution of arg nit. the aspirgillum died not from its corrosive action but from an unknown power, which he calls "oligo dynamis," i. e., the dynamic power utilized by Hahnemann, a solution of 1,000 million of millions of water to one of arg nit had same effect.

Same result from merc. cor. one million million million millionth was the same.

Hahnemann claimed a destructive and curative power for aurum 30th.

Nagelict found that presence of gold, copper, silver or zinc would render water toxic. This support of Hahnemann's statement was unexpected, and not intended by Nagelict, but his experiments were chemically exact Hahnemann formed a new materia medica on a new and correct principle, and introduced hygiene and antisepsis, banished instruments of torture from the sickroom and brought a treatment of humanity to the insane. He extracted medical civilization from medical barbarism.

We must continue with the same care, the same precision. Hahnemann did not strike out into a field of untried experimentation, but garnered, sifted and crystalized the experiences of those gone before.

We prove that drugs are deadly poisons, why do they cure? Why not aggravate?

It is medical history that drugs cause specific poisonous effect.

Digitized by Google

It also says that they cure diseases in the same tissues poisoned by them—hence the law of similia. Small dose merc. cor. cures diarrhoea, but if pushed causes fatal entero-colitis—hence don't push it. The unmixed remedy in the smallest possible curative dose. This law is valuable not only for what it has accomplished, but for what it displaced.

The old school avoided giving drugs affecting the diseased organ. Purgatives never cured constipation, though seemingly so for a few hours—left things in a worse shape than they found them, finally resulting in hopeless hepatic and intestinal disorder. Hence constipating drugs cure constipation according to homœopathic law.

This is supported by a century of proof. In every hospital nitroglycerine is used in certain cases of cardiac failure, allopathic or homœopathic, why? It was announced by Constantine Hering and is based on homœopathic law France crowned one of her sons for the same discovery, and, unintentionally and unknowingly crowned Hering and homœopathy as well.

The facts upon which homœopathy grounds its first and only principle are facts pure and fresh and sweet from the hand of nature and as such perfectly fitted for the deduction of a sane and natural and rational law of cure. In formulating this law Hahnemann enunciated no empty dogma, destitute of all basis in the facts of nature. On the contrary he collated as no other man has ever done before, and as none has ever since done, the actual observation and experience of all his predecessors, from Hippocrates to Hufeland. He purified this experience by purifying every drug that he administered to his healthy subjects and to the sick under his watchful and penetrating eye. And he thus obtained a pure result, such as could not and cannot be obtained by the use of compounded and unpurified material, such as the world had previously used.

Second Centennial Address. Friday 2:30 P. M.

The speaker of the afternoon was Dr. M. W. Van Denburg, of Fort Edward, New York, who gave the centennial address on the subject, "The experimental Demonstration of the Law of Similars; Can Its Existence and Operation Be Proved?" His argument was based entirely upon points drawn from allopathic authors in materia medica, Stelle, H. C. Wood, Robert Bartholow, Sidney Ringer, and Hobart Emery Hare. He quoted from these various authors to show that they had embodied in their works the principals of similars and also to show that they were dissatisfied with their own attainments in materia medica. Among other quotations given were some from Wood, author of Wood's Materia Medica and Therapeutics who is considered a standard authority by the allopathic school.

The speaker said the voice of one crying in the wilderness was scarcely more significant than are the words of H. C. Wood in his preface to the first addition of his therapeutics. It is not dated, but doubtless reaches back to 1875. He says: "The old and tried method in the rapeutics is that of empyricism, or if that term sounds harsh, of clinical experience. As stated by one of its most ardent supporters, the best possible development of this plan of investigation is to be found in a close and careful analysis of cases before and after administration of a remedy, and, if the results be favorable, the continued use of the drug in similar cases. It is evident this is not a new path, but a highway already worn with the eager, but weary feet of the profession for 2,000 years. Therapeutics developed in this manner cannot, however, rest upon a secure foundation. What today is believed is tomorrow to be cast aside; certainly this has been the law of advancement and seemingly must continue to be so. What has therapeutics established permanently and indisputably? Scarcely anything, beyond the primary facts that quinia will arrest an intermittent, that salts will purge, and that opium will quiet pain and lull to sleep.

"To establish therapeutic facts, the profession clings as the heart and hand of one man, clings with a desparation and unamity whose intensity is the measure of the unsatisfied desire for something fixed. Yet with what a Babel of voices does it celebrate its two thousand years of experience!

"Experience is said to be the mother of wisdom, Verily she has been in medicine rather a blind leader of the blind; and the history of medical progress is a history of

Digitized by Google

men groping in the darkness, finding seeming gems of truth one after another, only, in a few minutes, to cast each back to the vast heap of forgotten baubles, that in their day had also been mistaken for verities. In the past there is scarcely a conceivable absurdity that men have not tested by experience, and for a time found to be the thing desired; in the present, homœopathy and other similar delusions are eagerly embraced and honestly believed in by men who rest their faith upon experience. Since the profession has toiled so long and found so little, if further progress is to be made, we must question the old methods and search out new ones which may haply lead to more fruitful fields It is the especial province of the therapeutists to find out what are the means at command, what the individual drugs do, when put into the human system, It is seemingly self-evident that the physiological action of a remedy can never be made out from a study of its use in disease. Under all circumstances the problem is one of the most complex with which the human mind has to grapple; and to introduce into this problem the new and ever varying factors of the effect of disease and its natural vibrations on the system, is to put the matter beyond human prescience. In spite, then, of Dr. Niemeyer's assertion that experiments made with medicaments upon the lower animals or upon healthy human beings have as yet been of no direct service in treating disease, and that the continuation of such experiments gives no prospect of such service, it is certain that in these experiments is the only rational scientific groundwork for the treatment of disease. We must discover what influence a drug exerts when put into the body of a patient, before we can use it rationally, and we gain this coveted knowledge only by the method indicated."

He claims that in the administration of small doses of drugs the allopathic school invariably conform to the law of similars and in substantiation of his claim during his address offered the following challenge to allopathic authorities, presenting at the same time a list of forty-eight drugs used in allopathic materia medica, concerning which he said:

"I distinctly challenge any one or any number of allopathic, eclectic, homœopathic or no path physicians to disprove the law of similia from a study of any one or any number of these drugs in allopathic materia medica. By allopathic materia medica I mean a concensus of all the authors named: Stille, Wood, Ringer, Bartholow and Hare.

"This list might be extended to include every drug in allopathic materia medica, but for two facts: They have not a record of the physiological action of the drug, sufficiently extensive to reveal the sphere of action clearly. They have not learned empirically what diseases the drug will cure in small doses. And I make this broad statement: That at the present day allopathic medicine is not in a single instance recommending or giving medicine (drugs) in doses too small to produce its physiological action, that is, its toxic effects, according to any other law than the law of cure by similars. They are as much bound by it in their successes with small doses, as their bodies are bound by the law of gravitation. And they might just as well try to escape the one as the other. What does allopathy lose by this method of procedure? It loses this much; That while homœopathy has a clear chart of the country to be traversed, in every drug that has its physiological action clearly established, and takes this chart out of its pocket, spreads it out and carefully studies every step of the route, allopathy puts the same chart in its inside pocket, buttons up its coat tightly, resolutely ignores the chart, except what it vaguely remembers of its general directions and insistently sets on a tour of empirical re-exploration,

Third Centennial Address. Monday 2:30 P. M.

"The Clinical efficacy and superiority of the Law of Similars; Is it a Reliable Guide to the Practice

Digitized by Google

of Medicine. by Dr. John P. Sutherland Boston, Mass.

Three parts to the address: 1st, Clinical Efficacy; 2nd, Superiority; 3rd, Reliability of the Law of Similars.

Has received letters from other practitioners as to their opinion. All were agreed that test of statistics was needed for the proof of clinical efficacy,

Pathology is much misunderstood, and nature has never been given its sway. We are so averse to suffering pain, that we must be drugged and confound recovery with cure. Diseases are seldom allowed to run their course without artificial interference. Cancer, rheumatism, etc., run their course now as formerly in spite of medication. Diseases are of three classes:

1. Acute, in which there is a natural tendency to recovery, from colds to scarlet fever, etc. In these classes natural recovery is mistaken for cure. The efficacy of drugs in this class is hard to determine.

2. Chronic, with a fatal outcome as tuberculosis, loco-motor ataxia etc.

3. Chronic, which tend neither to recovery or dissolution. It is in this class that medicine has its best field for operation. In this class homœopathy has won many of its best laurels. Samuel Hahnemann was a great student of chronic diseases.

There is great difficulty in getting reliable witnesses. The laity give testimonials to any kind of a medicine or remedy, and even medical men are not free from the same fault. Consequently statistics are the best tests. The question now enters in, what is a natural recovery? and what is a cure?

The Superiority of the Law of Similars requires a comparison. All schools are subjected to the same test.

Note the growth and permanency of Homœopathy. Seventy years ago there was only one homœopathic physician in the United States. There are now 15,000 doctors and 6,000,000 followers. America has furnished us our best opportunity.

We have several state hospitals and legislators are willing to establish homœopathic institutions. Homœopathic practitioners retain the confidence of the people as well as the non-homœopathic.

Among the physicians themselves fully half who practice homœopathy are converts from the non-homœopathic schools.

Reliability. Old school works furnish many examples of unconscious testimony of the reliability of homœopathic methods. Seen in Ringer, Wood, Phillips, Piffard, Starr.

Jonathan Hutchinson says that if mercury be given in small enough doses it seems to act as a tonic. Small doses frequently repeated. Too much mercury produces symptoms very like syphilis. The allopaths have many ways and methods according to homœopathic usages. John Aulde, Phil., in a plea for small doses, furnishes many testimonials to homœopathy. Atropine 1-500 for scarlet fever, flushing, mania, sore throat, convulsions, etc. Bryonia in many homœopathic indications he uses. Aulde says that the remedy *bry.* has been studied by Ringer and Piffard, and does not give in any sense credit to the homoeopaths for the drug.

The stability of our practice when compared with the mutability of the non-homoeopathic school. It is "built for endlessness."

The statistical table is our best proof, Will not mention any that are in the Institute proceedings but refer to others not so well known. Will show you some from Australia, in typhoid fever. In Melbourne Homoeopathic Hospital 1,000 cases. and 6.98 per cent. died. Melbourne, old school 1,103 cases, mortality 19.49; Alfred 1,000 cases, 11 per cent. Altogether nearly 8,000, with an average of 12.14 against the 6.987, of the homoeopathic hospital.

Statistics from Mass. Insane Asylums, Westboro Homoeopathic 76 per cent., cured against four other allopathic hospitals with 28 per cent. cured in 1895.

For the last six years a percentage of 64 cured at Westboro, against 29½ at the other four. As to relapses only 4.¾ per cent., at Westboro and 7 7-10 per cent relapses at the other four in the last nine years.

Business Sessions of the Institute.

OPENING SESSION.

Harmonie Hall, June 17, 1896.

The Institute was called to order for its 52d annual session promptly at 3 p. m., by President Pemberton Dudley, M. D., of New York, N Y.

The past presidents of the Institute who were present were invited to the platform.

Invocation by the Rev. Dr. DeForest.

Greeting by Chairman of local Committee of Arrangements, D. A. MacLachlan, M. D.

In absence of Mayor Hazen S. Pingree, Controller Blades spoke as follows:

Mr. President, Ladies and Gentlemen:

I am very sorry this afternoon that Mayor Pingree is out of the city, but he requested me to speak in his behalf.

Digitized by Google

In the name of the Mayor and the Common Council of Detroit, I bid you welcome. We are vain enough to consider Detroit the most beautiful city in this country. We have a river which leads to the only Belle Isle, Park and we hope that if you have leisure you will pay it a visit. In glancing over the announcement I see that your Institute has been in existence 52 years; allow me to congratulate you, I know that you have had to fight because everything that is good has to fight for a beginning. I am not a homœopath, but only a brother-in-law, my wife is one, and once when I was sick, she urged me to take some little pills. I got well but thought it was a coincidence but the coincidence occurs every time.

Now ladies and gentlemen of the Institute, I wish you a very successful meeting.

Response by the President, Pemberton Dudley, M. D.

Poem by T. P. Wilson, M. D., of Cleveland.

Business Address, by the President.

Committee on President's Address, J. S. Mitchell, Chicago; A. B. Norton, New York; Oscar Le Seure, Detroit; W. W. Bond, Philadelphia; Dr. Henshaw, Omaha.

Report of Executive Committee.

Order of Business accepted as printed.

Report of Committee on Publication.

Report of Treasurer.

Auditing Committee, W. R. King, W. A. Dewey, New York.

The Treasurer urged all in arrears to pay their dues.

Report for the Local Committee made by Dr. S. H. Knight.

Adjourned.

Thursday, June 18th, 9:30 A. M.

President Dudley called to order.

Dr. Cowperthwaite reported for Bd. of Censors 11 new applicants and also reads for 2d time names of 36 applicants presented yesterday, which are elected.

Dr. Custis read his own report in absence of chairman and then read Higbee's report.

Attempt made to refer this report to the com. on publication.

Dr. Fisher doesn't want it to go to the com. on publication in its present form. Claims that it is unjust and untrue Dr. Fisher recited a number of instances where the report is in error, citing several states which were given in the report as examining board states where only diplomas are vised, mentioning particular Cal., and Ill., He does not wish the American Institute of Homœopathy to give its apparent sanction of the examination board system and that is what this report would create in the minds of the membership. The Institute must protect the weak as well as support the strong, To insist upon examination boards in the Carolinas or in Alabama or Miss., or Texas would destroy the homœopaths there. You may talk about influence, but when 4,000 allopaths appear before the legislature against 40 homœopaths as is the fact in Texas then your influence is nothing. Has no objection if the Institute clearly and thoughtfully defines and limits this topic.

Dr. T. F. Allen says the number of physicians practicing in New York homœopathically has not fallen off. The decrease in the allopathic applications for practicing in N. Y. has been far greater than among the homœopaths. It has also been found that a larger percent of allopathic physicians fail of passing in N. Y. than homœopaths. This bill will kill off the ignorant allopath. Has been lately advised by legal authority in New York that this whole business is unconstitutional and un-American. Was told that the drummers were required to pay a tax in New Orleans before they could be allowed to trade. They took the question to the Supreme Court of the United States and secured an opinion that it was and is unconstitutional. It was decided that an American citizen who had the right to do business in one state had the right to do business in any state of the United States If one of the weaker states would sometime make a test case if a man had a right to practice medicine there he would probable be declared eligible to practice medicine anywhere

Digitized by Google

in the United States. We should work for the benefit of our weaker brethren and secure some such opinion as that, and failing in that to secure some sort of legislation at Washington that will cover the whole country.

FRIDAY, JUNE 19th, 1896.

At 9:30 A. M. President Dudley called to order and found between.

Dr. A, C. Cowperthwaite, for the board of censors read the names of thirty applicants which hap been posted for the requisite time, and at the conclusion of the reading asked for their election, which was accordingly done.

He also presented three new names which were ordered to take the usual course.

The Committee on Materia Medica Conference then presented itself and made their report through Dr. T. F. Allen its proper chairman. After reading his report he said that there was no doubt but that a great deal of doubt had been expressed in the more recent past at what has been termed the incomplete or overloaded materia medica. The Institute had decreed seme years ago that a certain materia medica—called the Cyclopaedia of Drug Pathogenesy should be the official text book: but as is well known the books have never been purchased by the profession and with but few exceptions lie in the publisher's shelves. Does the Institute want to go on with the purely homœopathic materia medica that is symptomatology, or does it want to have a heteropathy to include a little of everything that is to day classed as scientific! The materia medica conference has only made a beginning and it will take time to determine what the wish of the Institute is in the premises. It is also desirable to learn what symptoms shall be omited from the new symptomatology. The chairman offered a number of resolutions bearing upon these questions. See resolutions under materia medica conference.

The special order was called for, which proved for the nomination of officers as provided under the new by-law.

For President; J. B. Gregg Curtis, of Washington, D. C., D. A. MacLachlan, of Detroit. For Vice-president (two to be chosen) C. E. Walton, Cincinnati, Ch. Gatchell, of Chicago, C. D. Middleton, of Philadelphia, C. C. Miller, of Detroit, Julia Holmes Smith, Chicago. General Secretary, E. H. Porter, New York, Treasurer, E. H. Kellogg, New York, Censor, A. C. Cowperthwaite, of Chicago, for five years. Registrar, R. L. Aldrich, Minneapolis.

No nominations having been handed in for Recording Secratary and Assistant Treasurer, under the by-laws, nominations will be made by the Executive Committee.

SATURDAY MORNING SESSION.

Report of Committee on Resolutions.

Whereas, There is a lack of harmony in the general standards of academic education, and especially in their application to the preliminary requirements for entrance into the various medical schools under the patronage of the American Institute of Homœopathy.

Resolved, That the Intercollegiate Committee be authorized to appoint a committee to confer with the various preparatory and academic institutions of the country with the view of formulating a special course, preparatory to entrance into medical schools, and then the committee report the results of their work to the Institute at its next meeting.

Resolved, That the committee confer with the several medical colleges, with the view of securing entire uniformity in the standard of education required for entrance upon the course of such medical colleges.

Another resolution recommended the establishment of a free bed, in perpetuity of the centennial of homœopathy, in all the hospitals of the country. When so established the committee on organization, registration and statistics is to be notified and a report made to the Institute at the next annual meeting.

By resolution the Institute decided also to recommend that the State examining boards acknowledge the certificates of each other in their various States, in order that the standard of members of the profession may be equal throughout the country and with equal rights in all professional matters.

In the report of the committee on organization, registration and statistics, it was shown that there are 431 homœopathic institutions in the United States, while there were only 417 last year, The Institute is the largest homœopathic association in the world, numbering 1,516 members- There are in the United States eight national associations, one sectional association, thirty-three state societies, eighty-six local societies, thirty-five clubs, seven alumni associations, three miscellaneous societies, sixty-five general hospitals, seventy-two special hospitals, thirty-two journals and twenty colleges. It was authorized to select 100 outside homœopathic physicians as corresponding members. Thus the renown of the Institute would spread to foreign climes.

Section chairmen for the ensuing year were appointed as follows: Materia Medica, Dr. Martin Deschere, New York: clinical medicine, Dr W. H. Hanchett, Omaha; obstetrics, Dr. L. C. Grosvenor, Chicago; gynæcology, Dr. J. C. Wood, Cleveland! pædology, Dr. Allison Clokey, Louisville; sanitary science, Dr. Bushrod W. James, Philadelphia; sur-

Digitized by Google

gery, Dr. Thomas L. MacDonald, Washington; neurology, Dr. H. V. Halbert, Chicago, eye and ear, Dr. Harold Wilson, Detroit.

The Hahnemann monument committee stated that from $29,000 to $30,000 had been subscribed for the monument,

The election of officers for the ensuing year resulted as follows: President J. B. G. Custis, Washington; vice-president, C. E. Walton, Cincinnati; general secretary, Dr. Eugene H. Porter, New York; treasurer, Dr. E, M. Kellogg, New York; censor, Dr. A. C. Cowperthwaite, Chicago; recording sec., Dr. Frank Kraft, Cleveland; assistant treasurer, Dr. T. F. Smith, New York; registrar Dr. H. L. Aldrich, Minneapolis.

There being no choice for 2nd vice-president, it was left until Monday morning for the Institute to decide between the two leading candidates, Dr. C. C. Miller, of Detroit, and Dr. Ch. Gatchel of Chicago. On Monday, Dr. Gatchel withdrew in favor of Dr. Miller, who was elected.

Buffalo was selected as the place of meeting in 1897.

The afternoon excursion was late in leaving for the Flats, and so did not return at the scheduled time, foregoing business in the search for pleasure. The day was an ideal one for the trip and the change from the sweltering streets to the cool lake breezes was an agreeable one. There was a general exodus of visitors for "Little Venice" and there were many ladies among those who accepted the hospitality of the local committee. That the members had a good time, with refreshments on board and on shore, and plenty of music, goes without saying, and they were warm in their expressions of approval of what they saw of "Detroit's suburb" beyond Lake St. Clair.

Memorial Services were held Sunday night in the First Presbyterian Church. The Institute was cordially welcomed by Rev. D. Brownson, Pastor of the church. President Dudley made a few remarks concerning the nature of the services and then introduced Dr. S. P. Hedges, chairman of the memorial committee who read a short eloquent address. Dr. Bushrod W. James then spoke of the seniors who died during the last year, Dr. Parke Lewis for the members and Dr. Julia Holmes Smith for the women physicians.

Sessions, Monday and Tuesday.

On Monday the Committee upon the International Congress reported upon issuing certificates to all who wished to attend the Congress.

Dr. C. C. Miller was elected 2nd. Vice-president Dr. Ch. Gatchell having withdrawn in his favor.

Tuesday's Session. The matter of cutting down the size of the transactions by eliminating the debates was left unsettled. The Institute Committee recommended that the president and secretary of each state society be honorary vice-presidents of the Institute. A committee of three was ordered appointed annually to whom all papers must be presented before they can be printed. The Intercollegiate Committee reported a gratifying increase in the nnmber of students in the various colleges. Dr. R. F. Bailey of Lincoln, Neb., and Dr. Briggs of St. Paul, addressed the Institute upon the plan of holding the meeting next year upon one of the large lake boats taking the trip from Buffalo to Duluth. Referred to the Executive Committee.

Afternoon Session. Resolutions were adopted thanking the press for their excellent and fair reports. A standing vote of thanks was given to people of Detroit, its mayor and other officials President Dudley was warmly commended for his conduct of the high office to which he had been called. The ladies' were thanked for their courtesies to the Meissen. Reports from the chairmen of all the sections were received and adopted. Adjourned, *sine die.*

Section in Materia Medica.

3 p. m. June 22d.

Harmonie Hall Section Room. Called to order by Chairman W. J. Hawkes, of Chicago, who read a paper entitled "The Materia Medica of 1796 and 1896." Time the enemy of falsehood and friend of truth has only testimony in our favor as workers under a therapeutic law. The opposite is true of systems based upon the less secure foundation of conjecture and empiricism. Of the hundreds of medicinal substances proven by Hahnemann 100 years ago, not one has been laid on the shelf as useless, but does its work today, as then- Not so with the dominant school. Of the many drugs mentioned in the National Dispensatory, 90 per cent. are spoken of as tried and found wanting. This shows the difference between a school which is governed by a therapeutic law, and one which is not

A western physician wrote twenty identical letters to ten representative physicians of each school, in different cities, detailing an imaginary case and asking a prescription. All of the ten homœopaths prescribed the same remedy. Each of the old school ten who prescribed made a different prescription and several of these were patent medicines.

Some progress has been made in the old school ranks of late years, but along homœopathic lines.

Digitized by Google

They have "discovered" that mercurius will, in small doses cure dysentery; ipecac in small doses will cure some cases of nausea, and wonder why it fails in others. They have "discovered" that pulsatilla cures some cases of amenorrhœa; that belladonna prevents some cases of scarlet fever. In other words they have stumbled on some of our beneficent facts but utterly failed to grasp the underlying law which makes the facts a scientific necessity.

Many new remedies have come to us and when provings are complete will stand forever. It is essential that the practitioner know the *characteristic* systoms of many drugs.

T. P. Wilson, M. D., Cleveland, Authority in Med.: No man is authority unto himself—most at least is derived "Experience has become law',, Hippocrates reigned five centuries. Galen followed for 1,500 years during which no man dared to think for himself. Finally Sydenham to an extent liberated medical thought. Hahnemann struck off the shackles and gave us liberty, enunciated a natural law which we are bound to follow and make use of.

W. A. Dewey, M. D., New York, "Lapis Albus," Von Gauvogel first proved it after noticing that it was found where this substance is found in drinking water those drinking it are troubled with goitre, he noticed the same in his own instance. The appetite is increased. I have had good success in cases of enlarged cervical glands when there is an elasticity rather than stony hardness. It is advised that it be given in repeated doses, I have had no experience in potencies above the 6th, nor single dose allowed to act. It is mentioned for membranous dys-menonhœa and cataract.

Dr. C. H. Evans, Chicago: The doctor's statement that Lapis alb. will cure mamary cancer is not borne out by experience. After first stage is past it is of little use.

Dr. Millie Chapman: I gave Lapis alb. 30 to a case of cancer who was ready to let surgeon operate. The medicine cured the patient and the surgeon was disappointed.

Dr. T. F. Allen, New York: I have used this remedy (6 c.) with splendid results.

Dr. L. C. McElwee of St. Louis, read a paper upon "Some Similia Similes"

Dr. Frank Kraft of Cleveland, gave an interesting talk upon the subject of which he is famous namely Materia Medica pictures. Dr. Kraft assumes that the face of a man is an index to his contents mind, body and soul. According to Dr. Kraft there are four forms of faces and bodies, the square round, long, oval and he showed pictures of various members of the Institute in the various classes of forms. He explained the remedies that are indicated by each form and color.

Section in Clenical Medicine Wednesday Evening.

DR. GEORGE ROYAL, CHAIRMAN.

We have tried to make this bureau of interest to the members.

The programme is before you; I will not need to mention subjects.

Our school needs text books on nervous and mental affections. The only new discovery during past years will be presented by Dr. King The antitoxine craze has had its day and has about passed away. It is to be deplored that so many of our school were lead away in a wild chase after what an old school journal called "horse juice."

While reading the Organon, again I was impressed more than ever with the care which he advises in the proving of drugs. After looking into many of our text books I have decided that we have no pathology of our own and the old school pathology is worse than none. I should advise a special bureau to investigate pathology the same as we do our Materia Medica.

Since homœopathy was introduced, three generations have passed away, and no one has a better opportunity to watch pathological symptoms than the Homœopathic physician, because his patients are free from the effects of extreme drugging.

Pro. W. H. King of N. Y then read a fully illustrated paper upon the X rays to a large audienc.

Monday P. M.

Section room, Harmonie Hall, W. J. Hawkes, chairman, J. C. Fahnestock, Secretary. Meeting called at 2:55 p. m., standard time.

J. C. Daily, M. D., Ft. Smith, Ark.: "Electricity in Medicine." When the laws of electricity are better understood, its use will revolutionize the practice of medicine. The greatest opposition to the use of electricity has been from the man of blood, the surgeon, because he is so carried away by the use of the knife that he does not think of much else. Diseases of women offer a field peculiarly adopted to the use of electricity, and gynæcologists will do well to investigate it.

J. J. Thompson, Chicago: Many a case of vaginal hysterectomy could be omitted if electricity were intelligently used.

Digitized by Google

Dr. B. S. Arnulphy, Chicago: The Value of Tuburculin of Lobular Pneumonia.

Tuberculin will come nearer producing lobular pneumonia than any other known remedy, consequently homœopathic physicians have here a remedy which will be very valuable in treating this disease I myself regard it as being invaluable.

T. F. Allen, N. Y.: Dr. Cartier, of Paris told me of extended use of tuberculin from a chicken in cases of bronchitis of the apex. The chickens were poisoned by the other tuberculin. I have given iodine in symptoms related by Dr. Arnulphy and where he gives tuberculin. I have had marvelous results with Iodine and give a few *scales* of this remedy in alcohol.

Dr. Robert Walter, Penn., Paper "Some Practical Deductions from Hahnemann's Law."

SECTION IN PAEDOLOGY,
Friday, P. M.

Dr. B, F. Bailey, Chairman, read the address of the Section.

Dr. G. B. Peck, a paper on "Scarlatina and Measles."

Dr. Duncan, of Chicago, 24 years ago the doctor offered resolutions that a bureau of Paedology be formed. In an epidemic always gives families bottles of *bell* to be used 1 or 2 times per day.

Dr. Royal, of DesMoines, think the use of oils causes greater danger of renal complications.

Dr. Grosvenor, of Chicago, considers that the sequelae depend largely upon the food. He gives either milk or malted milk uses packs of tepid water wrapping the patient in flannels.

Dr. Hanchett, of Iowa. In the state asylum for Deaf and Dumb 25 per cent, of the deafness is caused by Scarletina. The proportion very small of those treated homœopathically.

Dr. Warner, of Pa., does not give patient anything to eat till he is ready to eat it. Tepid injection into bowels bring down the temperature.

Dr. H. C. Allen, of Chicago, does not think Bell ever a prophylactic in modern epidemics of Scarletina *sulph. rhus tox and carbolic acid* much better. Do not repeat the remedy when the patient is doing well.

"Epilepsy in Infants" by Martin Deschere of N. Y. Important to diagnose early. Guiding points. Child suddenly seized with convulsions after being in perfect health. After cerebral convulsion intellectual faculties longer affected. Cerebral convulsions usually recur. Convulsions without fever usually lead to epilepsy. Attacks may occur without convulsions. Albumin and hyaline casts may occur in urine for a day or two after epileptic seizures then disappear. Observe if child passes into deep sleep. Parents should observe attacks of vertigo and pall or- during the time the patient appears well. Mothers should be instructed in care of Children.

The SECTION in PÆDOLOGY was finished Monday night. E. R. Snader, M. D., Philadelphia, read a paper entitled "Pertussis." J. B. Cobb, M. D., Chicago, on "Hereditary Syphilis in Infants," mentioning many important remedies, among the *Iodides, Kalis, Mercurius, Psorinum, Sulphur, etc.* Dr. Laevit of the efficacy of very mild bichloride baths.

Dr. Linn, of Des Moines: A paper upon "Eczema" which was well received by the section. His paper was a clear, brief resume of the whole subject of Eczema, Dr. Hanchett, of Omaha, commended the paper. Dr. Moore, of Brookline, believed in attention to diet, less bathing and spoke of *Calc. Carb.* as an efficient remedy. Dr. Menninger believed that the aggrevation and amelioration of the symptoms together with the concomitants should be considered beyond all else. Dr. Millie J. Chapman believed local applications drove the disease inwardly and that it manifested itself in a more serious and fatal disease. A child who had suffered from a severe eczema will always have an invalid condition of the system manifesting itself in one way or another. She believed in metastasis. Dr. Jones of Brooklyn, said his sheet anchors were *Hepar Sulph.* and *Rhus Tox.*

Dr. Linn in closing said higher potencies were more efficacious.

Dr. Allison Clokey closed the bureau by a paper on "Continued Fevers of Children." He dwelt largely upon the difficulty of diagnosis between typhoid and remittant fevers in malarial countries. Two remedies of great value were *Gels. and Dars.*

SECTION IN OBSTETRICS.

Dr. Henry E. Spalding of Boston, chairman read an address, in which he cited several interesting cases that have come to his attention the past year. Among other things he said.

"In looking over the past year of work in obstetrical observations and research, we discover nothing that will mark it in history as a milestone in the progress of science, but we do find that a vast deal has been done all along the line of this extensive subject.

"The possibilities held out by the Roentgen rays as an ally of the obstetrician in making a correct diagnosis of ectopic gestation as regards position, multiple pregnancy, foetal dystocia, from malformation or tumors, raise our liveliest anticipation as to what the observations of the coming year may bring forth."

Other papers on the same line of work were read by Dr. Lamson Allen, of Worcester, Mass., and Dr. T. G. Comstock, of St. Louis, Mo.

Digitized by Google

Section in Gynaecology, Friday A. M.

Dr. J. M Lee, opened the Bureau with sectional address remarking the advance made by homœophatists in this line and the development of competent specialists.

Dr. O. S. Runnels, of Indianapolis, read a paper on "Peritoneal Adhesions." He said it has taken a long time to demonstrate that all fulminating inflammations arise from sepsis, and described the delicate character of the peritoneal structure; no region of the body being so richly applied as the abdomen, attesting nature's preparation for the body nutrition. All this has proper significance, rendering this membrane the most rèsponsive of any in the body. The peritoneal cavity is a misnomer, the cavity being forever occupied. The peritoneum is rubbed and injured to an astonishing degree, necessitating great care and avoidance. We may take it for granted that peritonitis is always present. Reparative process rapid. New growth will be complete if pathogenic bacteria not grafted upon it or injury too great. Cases do better with alvine evacuation. Mr. Tait and Dr. Helmuth have written ably upon it. Let but a single knuckle of the intestines hold fast and paralysis ensues.

We know that bacteria can not enter until penetration by ulceration or membrane loses resistancy. Every pains must be taken to exclude the microbe. Peristalsis is imperative. First thing after recovering from shock to produce movement of the bowels.

A paper was read by Dr. Cornelia Stettler, of Chicago, on "Some Abuses of Medical Practice as applied to Diseases of Women," in which she said: Perhaps the larger share of the trouble comes from the prevalent idea that all these troubles can be cured by internal medication if we find the proper homœopathic remedy. Our school has suffered much from indifference as to diagnosis; this ability should be cultivated to the highest degree.

Another form of treatment which had done much harm is making local application to the neck of the womb several times a week I deprecate the routine abuse of this thing.

The discussion upon Dr. Stettler's paper turned largely upon the treatment of cancer of the uterus Some claimed to have cured cancer by medication. The microscope was not always reliable because sections might be taken from the wrong place. As soon as could be determined that cancer was present or was supposibly present remove the uterus. This course alone would give the best results.

Section in Surgery Thursday.

The Section on Surgery met at 11 a. m. with Dr. Green of Little Rock in the Chair.

Dr. Pratt's paper on "Nerve Imperigment in Operative Surgery" was read and discussed in a spirited fashion. Dr. Pratt rehearsed his philosophy at some length as a basis for the practical measures he proposed which may be briefly stated as follows, viz: Do not pinch the tissues with clamps forceps and ligatures, but use the buried suture, for the coaptation of wounds, avoiding skin and uncut mnscular fibres.

The doctor's reasons for urging his plan of procedure he bases upon his theory of the great sympathetic nervous system.

Dr. Pratt claims that the pinching, of nerve fibres connected with the sensitive nervous system is responsible for most of the evil results attendant upon and following such operations as vaginal hysterectomy, the removal of ovaries and tubes as well as the operations for piles and the "American" operation There is no excuse for ligature *en masse*, and for crushing, pinching and bruising the soft tissues in the operative field. He thus would avoid much irritation, sepsis, sloughing and especially shock.

Dr. Lee opened the discussion by declaring that this is a remarkable paper by a remarkable professor; that it begins with theory and ends with theory.

Dr. Shears, followed with moderate commendation of the Pratt methods, expressing the criticism that he (Pratt) is an enthusiast.

Dr. Thompson countered on Pratt's critics, admitting the charge of enthusiasm, but asserting that whatever else Dr. Pratt may be he is *not* an egotist.

Dr. C. E. Walton read his paper "Surgeon spare that inch."

Section in Neurology.

Interesting papers were read by Dr. J. T. O'Connor chairman on "Multiple Schlerosis."

Dr. N. B. Delamater, Sec'y. "Some Unusual Manifestation of Hysteria" by Dr. H. V. Halbert

Digitized by Google

on "Lateral Schlerosis." by Dr. C, IT. Hood on "Reflex Paralysis." by Geo. S. Adams on "Curable Insanity.

Section in Sanitary Science.

Monday June 22nd. 10;30 a. m.

The first session of the Section in Sanitary Science was held in the Section Room, Harmonie Hall, Monday, June 22d, 1896, 10:30 a. m.

Dr. Sarah Millsop, of Bowling Green, Ky., presided and read a Sectional Address. She said physicians should be real missionaries in teaching their patients hygenic preventative measures. Referred to Dr. Pye Smith, who, in an address in London, placed in the foreground of importance sanitation and prophylaxis. Probably nowhere has there been greater progress on sanitary lines than in the State of Michigan. In many cities of the country ladies have organized crusades against spitting in public places. Emphasized the importance of pure milk. In some states laws have been placed requiring the supervision of dairies. As to sewage and garbage disposal, thinks it should be cremated. Impure water causes thousands to die annually premature deaths. Care should be taken to prevent pollution of drinking water and reliable filters supplied by city or water company should be used. Referred to a water company indicted for manslaughter where a fatal typhoid case was traced to polluted water. In diphtheria every prophylactic should be used. In neurasthenia Dr. Talcott attributes early rising among farmers as frequent cause of insanity. Would suggest that it was not work alone, but constant grind of work without recreation. Colored women are seldom insane, take abundant recreation, keep jolly and sleep sound. Thinks benefits of ocean water largely due to sleepiness induced.

Dr. H. E. Beebe, of Sidney, O., read a paper on "The Prevention of Sexual Neurasthenia." He said Americans live in too much of a hurry and under too much strain. We should elevate the masses in sextual hygiene. Little reliable has been written upon this subject: Dr. Beard, of this country and Dr. Actoin, of England, are about all. Evil habits far from only causes: psychic agents leading causes and leading agents in eradicating the difficulty. If from psychic causes, means of cure must be psychic, mental therapeutics. In most neuretic troubles look well to the sexual condition, hysterical, hypochondria. What to do? Special rules impossible. Mental therapeutics; bring mental suggestion more often to bear upon the mind of the patient.

Dr. Sarah J. Allen. of Charlotte, Mich., read a paper on "The Prevention of Neurasthenia in Brain Workers." Cause—excesses, anxieties, long continued pressure upon cells. Drain on nervous system requires better nourishment than muscular wear, not in quantity but quality. Work properly performed thinks never hurts any one. As to opiates to get asleep, no one ever gained anything by numbing the filaments of the brain. Power to recuperate is lost through lack of relaxation. Common causes lack of sleep and recreation, improper nourishment, bad air. Feeling of satisfaction and power to be cheerful are necessary adjuncts of labor. Idleness is not proper rest.

Dr. J. S. Rand, of Worchester, Mass., read a paper on "Every Man His own Germicide." Disease comes through the entrance and multiplication of hostile germs. The proteids of the serum are agents of protection How can prophylaxis in the individual be accomplished? Diseases divisible into two classes, inevitable and conditional. The first are the contagious childrens' diseases. The second, the zymotic disease of adults. Immunity to childrens' diseases the exception and not the rule. Not so with second class, cholera, typhoid fever, tuberculosis. Way to escape disease is to be well.

A paper was read by Dr. H. R Stout, of Jacksonville, on "The prevention of Yellow Fever, both by quarantine and sanitation. Described the system in vogue in Florida and said that since its adoption no case has been introduced into the state, within seven years. It may be said to be an axiom that yellow fever can not live where cleanliness prevails. If there is a disease known to the profession that can be hemmed in by quarintine or exterminated by sanitation it is yellow fever. No disease can be so thoroughly exterminated.

Monday P. M. Session.

Dr. Bushrod W. James read a contribution entitled "Sanitation of Invalid Travelers." In this he criticised severely the modern sleeping car with its poor ventilation draughts,noise and discomforts coupled with the feeing of porters.

Dr. R. H. Stevens of Detroit read his paper on "State Control of Sanitation." Dr. Stevens spoke in detail of many of the state laws particularly those of Michigan and of efforts to prevent the spread of contagious diseases in Michigan by Sec'y. Baker of the State Board of Health.

Hahneman Monument Oration.

A large crowd filled the Hall Thursday night to hear the Hahnemann oration. Dr. D. A. MacLachlan presided. Several selections were furnished by the Euterpe Ladies' Quartet, and by the way they were enthusiastically encored the Institute evidently appreciated their efforts.

President Dudley delivered the oration. After remarking how all reformers are persecuted and misunderstood, Dr. Dudley plunged into the midst of his subject, and for over an hour delivered one of the most scholarly addresses on Hahnemann ever listened to.

The Chairman of the monument committee then read his report on the progress of the monument and refered to the disappointment caused by President Cleveland's failure to sign the bill for a site.

Digitized by Google

THE MEDICAL COUNSELOR.

A Journal of Homœopathy and Collateral Sciences. Published Daily by The Medical Counselor Publishing Club, 6 West Adams Avenue. Detroit, Mich.

EDITOR,

Stephen H. Knight, A. M., M. D.

ASSOCIATE EDITORS.

Materia Medica.—M. W. VAN DENBURG, M. D. Fort Edward N.Y
R. MILTON RICHARDS, M. D., Detroit.
Surgery.—CHAS. S. MORLEY, M. D., Detroit.
Medicine.—ROLLIN C. OLIN, M. D., Detroit.
Eye, Ear, Nose, Throat.—D. A. MACLACHLAN, M. D., Detroit
Obstetrics, Gynæcology and Pædology,—
E. LOUISE ORLEMAN, M. D.,
MARY THOMPSON STEVENS, A. B., M. D., Detroit.
Diseases of the Chest.—W. R. MCLAREN, M. D., Detroit.
Mental and Nervous Diseases.—W. A. POLGLASE, M. D., Lapeer.

COLLABORATORS.

M. C. SINCLAIR, M. D., Grand Rapids, C. G. CRUMRINE, M. D. Battle Creek, D. M. NOTTINGHAM, M D., Saginaw

Subscription price Two Dollars per year. Single copies 20 cents.

Communications are invited from all parts of the world. Contributions, books for review and exchanges should be addressed to the Editor, **14 Willis Ave. West,** *Detroit, Mich.*

Business letters and remittances should be addressed to Rollin H. Stevens, M. D., Business Manager, 6 West Adams Avenue Detroit, Mich.

Editorial.

The Meeting of the American Institute.

Although not up to the expectation of the local committee in point of numbers, the Detroit meeting of the Institute must be put down as a success. The public meetings were in several instances crowded and the visitors socially had a good time. The work of the sections was fully up to the average and their meetings were well attended as were the general sessions of the Institute. The centennial addresses were a feature of the gathering, and we think more addresses of the same kind in succeeding years would be extremely pleasurable as well as profitable to all who might hear or read them.

The Institute has decided to continue the materia medica conferences and this is presumably a wise plan, but we hope that those who are to discuss the questions will be more careful in their choice of words, and remember that the daily press spreads their remarks beyond the circle in which they are delivered. The effect of the well meaning but ill advised criticisms of Dr. Wesselhoeft's paper, in some quarters was lamentable in the extreme.

We are glad that the Institute has set the ball rolling toward exchange of state licenses, or some uniform national plan. If the present method keeps on we shall soon see each state surrounded with a cordon of armed sentinels demanding a passport of every physician.

In spite of the reports in the daily press to the contrary, the resolution upholding the efforts of those who are working to bring the Homœopathic College from Ann Arbor to Detroit, was held in the committee, not because the institute has receded from its former position, but because of the requests of the friends of the Removal Bill, who, ou of respect to the Michigan Supreme Court, where the matter is now being adjudicated, wished to avoid public discussion of the subject.

As a local committee we are pleased with the Institute and pleased with the success of the meeting and "Here's to Buffalo wishing you the same and more of it."

Antitoxin.

During the last week two important additions to the literature of Antitoxin have been given to the medical public. One is the "Report of the American Pediatric Society's Collective Investigation into the use of Antitoxin in the treatment of Diphtheria in Private Practice," made at the annual meeting in Montreal, 1896, and published in full in several journals; the other is the first part of an article by Lennox Browne, F. R. C. S., in the July *Medical Brief.* The report to the Pediatric Society is ostensibly the accumulated experience of 615 different physicians with 3,628 cases to which has been added 942 cases from the New York Health Board Report and a partial report from 1,468 cases from the Chicago Health Board.

This report is hailed as evidence that Behring's claim that under the antitoxin treatment the mortality of diphtheria would be lessened to below 5 per cent., is about to be realized. No one would welcome, more than ourselves, any remedy that could possibly reduce so low or even cut in halves the mortal-

Digitized by Google

ity of this frightful scourge of modern civilization, but from our sanctum, the inferences drawn from the report show evidence more of a desire to bolster up a theory rather than give a fair statement of the case.

The report claims to be a collection of cases from private practice, yet the figures from New York and Chicago could hardly be called cases from private practice and we must take exceptions to them on other grounds.

The serum injection crusade inaugurated by the Chicago Board of Health was the grossest kind of an invasion of private medical rights and fraud upon the people. It encountered such violent opposition and so much has already appeared in print refuting the claims made for it by the health officials, that we hardly need refer to the matter. The severest criticisms upon the experience of the City of New York with antitoxin comes from those who were at first enthusiastic over the new treatment, but latet on became sadder and wiser because of the failure of the serum to meet expectations when put to the test. The results obtained at the Willard Parker Contagious Hospital in New York, under control of the Board of Health, have turned these enthusiasts into doubters and opponents. Outside the health board statistics but two series of cases embraced 100 or more, the others being from five to twenty-five. How unreliable are percentages obtained from series of such a small number will be seen later on.

The percentage mortality of the grand total of 5,794 was 12.3 from this percentage the committee desire to deduct what they call moribund cases, those dying within 24 hours after injection, in other words cases desperiately ill, the very sort in which we need help beyond what our own present remedies give, cases in which antitoxin has *absolutely failed.* Again the committe states what has been so often stated that after three days have gone by "relatively little benefit is seen from antitoxin." How well we know that cases often do fairly well at first or there is a doubt as to the diagnoses for a little time, then when we are convinced that the cases are diphtheretic by symptoms or clinical evidence,or complications set it the remedy fails utterly even according to the testimony of its friends. There is another point that is clear the committee accepts as diphtheria every case in which the Loeffler's bacillies is found in spite of the fact that the bacillus is often found in cases clinically not diphtheretic,even in throats perfectly healthy with no sign of inflammation, or, as the *Medical Record* puts it editorically:

"There is no denying the fact that bacteriology pure and simple has appropriated more than its just share of credit in the present aspect of the question, nor is there any doubt of a desire among the very active workers in this now promising field of investigation to still more magnify the importance of their researches at the expense of clinical experience, upon which, after all said and done, the practical use of every therapeutic measure must finally rest. Thus the tendency has very naturally shown itself to found the diagnosis absolutely on bacteriological examination, with the result of greatly enlarging the number of cases and proportionately reducing the rate of mortality. Not every throat containing the Loeffler bacillus is necessarily a malignant case. In times past there was no way in deciding between a malignant and a benign case save by the different constitutional disturbances that were manifest. In a great many of these cases the local lesions were apparently the same. Bacteriology has made great advances in clearing up many cases of reasonable doubt, but the broad generalizations regarding the true significance of a given microbe are not yet so firmly established as to be beyond the possibility of doubt or above the right of challenge."

That our readers may see what a vast difference this method of diagnosis may make in percentage results, we mention the 1,468 cases of bacteriological diphtheria with a mortality 6.4 per cent. reported from Chicago and another series reported by the New York board based upon evidence, clinical only, with a mortality of 34.6 per cent. The absurdity of these figures when we consider that both had the same treatment is too evident to need comment, yet the Chicago figures go in to make up the table.

The report goes on to say that in laryngeal

Digitized by Google

cases the serum has a wonderful effect"saves double the number" "saved by any other method." The report of the Five Points House of Industry Hospital, New York, for the first twenty-six years under homœopathic treatment, gives a mortality of 22.7 in membranous laryngitis, and for diphthiria, 13.5 per cent. These cases were all diagnosed by *clinical evidence.* The committee's figures, were for cases requiring intubation 25.9 per cent.; those requiring tracheotomy 37.4 per cent.

Possibly the best bases for comparison of of the advancement, if any, of the antitoxin treatment over that previously in use by our allopathic brothern, is furnished by Dr. S. S. Adams in a report of the record of District of Columbia for the past several months. He reports 311 cases treated by antitoxins and 23.44 per cent. mortality and 153 without antitoxin and 34.81 per cent.; possibly differences in the personality of the physicians reporting the cases making a difference in the result, this difference of personality being eliminated in his report of two series treated by the same physicians, the series in which antitoxin was used having a mortality of 25 per cent., the one by ordinary remedies having a percentage of 28.94. As much of the swabbing and unnecessary torture of children is ommitted when antitoxin is used, a difference of 4 per cent. is easily accounted for.

In the July annals of Gynæcology and Paediatry,Dr. Frank W. Wright, of New Haven, Conn., reports a series of 50 cases from private practice, the mortality of the series being 20 per cent., for the laryngeal cases 25 per cent. The doctor does not say that the diagnosis was made by bacteriological examination and according to the committee where the disease is confined to the tonsils and not confirmed by culture,the diagnosis is open to question. Throwing out 15 of those cases then in this series we have 36 cases and 10 deaths or 27.7 per cent. a different figure from "less than 5 per cent."

Lennox Browne, F. R. C. S, senior surgeon to the Central London Throat Hospital, has never been an enthusiast over the antitoxin treatment. He shows in the article referred to above,that while there may have been a reduction in the mortality rate in some of the European centres, the deaths in those cities have been abnormal frequent ranging from 41 to 61 per cent. while in the London hospitals, New York, Boston and other places the normal rate is 30 per cent. or less. It was therefore evident that the high mortality was due to some failnre in hygiene or personnel, in the medical or nursing departments. Mr. Browne further states that a selection of cases was made for the antitoxin treatment and quotes from a published government report as follows:

"Those cases which were brought to the authorities to late, for example, on the sixth, seventh or eighth say of the disease, or later, were not treated by the serum, as it was then useless, and would have 'spoilt the statistics.'"

Again he refers to what was published as a fairly complete record of 35 cases with a mortality of 5.7 per cent. When the record reached 95 cases the percentage was 23 which was maintained when the record was over 200 cases. Another series was published by the Northwestern Fever Hospital with a rate of 4.6 per cent., "the lowest mortality on record." In three weeks this mortality reached 19 per cent., and in four months, when 100 cases had been reached including the original list, the record was 27 per cent. No attempt was made however to correct the original figures as first published. Mr. Browne has in the last year made a comparative study of 100 cases treated with the serum in the Northwestern with 100 cases treated the year before without serum, both series being under the same surroundings and personnel.

The mortality results were the same, 27 in each hundred being *slightly in excess* of the mortality of 2500 cases treated in the same institution during the previous two years under *classical remedies* and so on. The examples might be indefinitely multiplied. He further adds—

"Unfortunately we find repeated the same attempts to explain away untoward results, which constitute so constant an element of an antitoxin statistics."

There are many physicians who believe not only that antitoxin is a doubtful measure for good, deriving any remedial power it may have from the carbolic acid or other preservative, it may contain, but also that it is a positive measure for harm witness the many attempts to explain the "cause of sudden death from antitoxin" We publish one fatal case in this number of the COUNSELOR.

The COUNSELOR is firmly of the opinion that the statistics of the Five Points Hospital, already referred to, represents the average homœopathic practitioner's success and we solicit from our readers series of cases treated by them good, bad, and indifferent.

Digitized by Google

Editor's Table.

A Death from Antitoxin.

Herman, age 3 years, with a previous history of good health, was taken sick on the evening of March 14 and went to bed. The next evening I was called. An examination showed swollen and red tonsils; temperature, 99°; pulse, 100. Having had diphtheria in the city, I suspected it would be a case, but having *had bad results from the use of antitoxin before membrane appeared*, I waited and gave the common treatment for follicular tonsilitis. In twenty-four hours the exudate covered the tonsils with a grayish membrane, but the child's condition was very good. Temperature, 101°; pulse, about 110, good and strong. The child sat in bed, wanted to play, and remarked that he would like to get up. I concluded to use antitoxin. After sterilizing my syringe and washing the skin of the patient I injected 10 c. cm. of antitoxin and in a few minutes left. I had hardly reached my office before the father came running, saying that the child was dying. Before I reached the house the child was dead. I was greatly surprised, and could not account for it. The autopsy showed nothing abnormal. I have treated 85 cases with antitoxin, and this was my first accident, A. C. Dogge, M. D., Helena, Mont., in *Pediatrics*.

Michigan Medical Legislation League.

Nearly one hundred physicians of Detroit and vicinity met in the turkish room of the Hotel Cadillac on Friday Eve. May 22, and formed what is known as the "Michigan Medical Legislation League" The objects of this league according to the constitution are "to secure through organized effort, just and equable laws regulating the practice of medicine in the State of Michigan." "All registered physicians in Michigan, irrespective of schools may become members of the league by sending their names to the recording sec'y. and paying the annual fee $1.00.

All schools of medicine are to be represented upon the executive board and vice-presidents (of whom there are to be ten) to be appointed by the executive board.

Election resulted in the following officers. Pres. E. L. Shurly, M. D., Corrs. Sec'y. E. S. Sherrill, M. D., Rec. Sec'y. S. H. Knight, M. D., Exec. Comm. J. H. Carstens, M. D., R. C. Olin, M. D., D. A. MacLachlan, M. D., J. J. Mulheron, M. D., C. E. Covey, M. D.

All physicians irrespective of school are urged to join this league and help bring about proper legislation in this state which is about the only state left without a proper law. As the law now stands any person having a *Buchanan* or *anyother* diploma, however *worthless*, or a student of such a person, may experiment with the lives and health of the people.

Send your name and one dollar ($1.00) to the recording secretary, Stephen H. Knight, M. D., 14 West Willis Ave., Detroit.

The following were afterwards appointed Vice-Presidents, Drs. Albertus C. Nyland, D. Milton Green, M. C. Sinclair, Grand Rapids, C. H. Sample, D. M. Nottingham, Saginaw; W. J. Herdman, Ann Arbor; A. W. Saxton Jackson; H. C. Osburne, Kalamazoo, H. K. Thiell, Marquette; Wm. Bell, Smyrna.

It has been further decided to send copies of the proposed bill about the state to the profession for approval and suggestion.

Dr. Pratt's Annual Class for instruction in Orificial Surgery will be held at the Chicago Homœopathic Medical College during the week beginning Monday September 7th, For particulars address E. H. Pratt, M. D., 100 State Street Chicago.

Detroit Homœopathic Practitioners Society.

On Thursday May 22, the Practitioners Club changed to the Detroit Hom. Practitioners Society. In place of a chairman elected for each meeting the society now has officers elected for one year.

Election of officers resulted in choice of Pres. Dr. Stephen H. Knight; Vice-pres. Dr. Mary A. Willard; Sec. and Treas. Dr. R. Milton Richards. The Executive committee to consist of the above officers and two others, Drs. E. Louise Orleman and R. H. Stevens.

A legislation committee consisting of Drs. S. H. Knight and D. A. MacLachlan was appointed.

Dr. Sarah Gaston and Dr. Emma Klein were elected members.

Digitized by Google

THE MEDICAL COUNSELOR.

A MONTHLY JOURNAL OF HOMŒOPATHY AND COLLATERAL SCIENCES.

OLD SERIES, VOL. XV.
NEW SERIES, VOL. I.

DETROIT, AUGUST, 1896.

NO. VIII.

UNDER WHAT CONDITIONS SHALL WE PERFORM HYSTERECTOMY?

BY HORACE PACKARD, M. D.,

BOSTON.

Written for The MEDICAL COUNSELOR.

The question propounded by the title of this paper would seem on first thought to be very easily answered, for the merest tyro should be able to give the only answer which it seems possible to give, namely. "Remove the uterus when it is the seat of disease which cannot be cured through less radical measures."

There can be no question of the justifiability or advisability of making removal of the uterus when it is the seat of cancerous disease. It is also undoubtedly a judicious and wise plan to make removal of the uterus under conditions of fibroid tumor growth. We can also imagine extreme conditions of procidentia retro-flexion and hystero-neuroses, which may justify its removal.

It may also be a wise and beneficent thing in the patients interest in a crippled state of the tubes and ovaries from previous septic invasion; to make incidentally vaginal hysterectomy.

It seems to the writer, however, that the practice of vaginal hysterectomy is approaching or has already reached far beyond the point of propriety. Since it has been demonstrated that it is possible to effect removal of the uterus by the vaginal route without much danger to the patient's life, the operation has been recommended and resorted to for almost every condition affecting in any way the pelvic organs, whether any tangible pathological condition is demonstrable or not,as well as for general neuroses to which the genital organs have no relation except in a secondary way.

All this recalls prominently to mind the occurrences of a few years ago, when under the teachings of Battey, removal of the ovaries and tubes was resorted to on almost every pretense, with the thought that the artificial climacteric thereby induced would be a panacea for numerous ills of women.

We now well know what a dismal failure that expedient proved.

We have no data however as to how many women were unsexed, and all future possibility of further child-bearing obliterated.

Can we within reason now assume that the vaginal extirpation of the uterus with the appendages, unless there be real and positive disease in connection with these organs, will result in benefit or cure to the army of miserable neurotic wrecks who seek relief?

Can we satisfactorily demonstrate that in one per cent. of these nervous wrecks the genital organs have any primary causative relation whatever to the general condition? I unhesitatingly declare negatively. I believe there is great fault lying at our own feet as physicians. Almost invariably in case of the maiden who from over study in school, or too close attention of social duties, shows indications of breaking down, we are prone to suggest "uterine trouble," make an examination and pronounce the womb too large or too small, too high or too low, verted or flexed. This thought is usually accepted with avidity by the patient and parents, and the foundations are therewith laid for a "womb crank" of life long duration.

The girl grows into womanhood with "womb trouble." She marries and in spite of her womb trouble, bears children, but continues in her own mind to believe her uterus the source of all her ill health.

Digitized by Google

Women have been taught that the womb is the cause of nine-tenths of their ills. If they happen to be the victim of annoying headache, cause for it is sought in the womb. If the nervous system becomes wrecked, the womb is the offending centre, and must be tamponed, supported, replaced or removed in toto. It is painful in the extreme to contemplate the army of womb cranks which has been developed through this method of teaching. Here are a few illustrations of cases which have actually come under my observation: A woman advanced in years uses daily and always has with her a whale bone stem eight or ten inches long to one end of which she has at ached a bolus of cotton covered with a bit of linen, well rounded and firmly bound on with cord. This she introduces into the vagina whenever the opportunity offers "to push up the womb." Examination shows the womb atrophied as it should be late in life, in correct position, and in every way normal.

A young woman of twenty-four years has retroversion with accompanying displacement of the ovaries, i. e. they are dragged downward toward the posterior cul de sac by the retroverted fundus. She suffers pain through the ovarian regions. She is advised to undergo vaginal ovaro-hysterectomy. This she refuses but is led to discard heavy skirts and clothing which she has heretofore worn suspended above her waist by narrow bands, lays aside her corsets and adopts a hygienic costume. Her uterus is reposed and assisted by a soft flexible pessary is easily maintained in position with relief of her suffering and restoration to health and usefulness.

A woman imagines she has "falling of the womb." A diminutive rubber ring two inches in diameter is placed in the vaginal canal. Its size, position, and relation to the womb and perineal floor is such that it can in no wise influence the position of the womb in any way. Her craving however is appeased, she has "a support," and she walks the earth as proudly as a Hottentot with a ring in his nose.

Another patient has had "womb trouble all her life." She "inherits it." "Her mother had it before her," but in spite of that she has borne a strong healthy child, cares for it in a faithful motherly way, and is able to trundle it in its perambulator miles daily. In spite of all this she "must have the offending womb removed," and it is forthwith stripped out of its resting-place. She is emasculated, barren. All future possibility of fulfilling that noblest of woman's functions, motherhood is obliterated.

A mother, who has borne her children, it is true with pain and suffering, is again pregnant. She shrinks from further motherhood, complains that she has always been a victim of womb trouble and the surgeon's aid is sought. Her womb with its contained foetus and the ovaries and tubes, is extirpated per vagnium. A human life is brought to an end. Another woman directly in the midst of that mysterious and wonderful process of generating a new human being, is emasculated. Can any one say other than "away with such practice!"

Should we not use every endeavor to create a healthier sentiment among women? Teach them that the health, strength and vigor of their whole being depends upon their reserve store of nerve force. That if the reserve be drawn upon to excess, through indiscretion in any of the callings of life, suffering must ensue. Teach them to live and dress according to the laws of nature. Disabuse their minds of the thought that the womb is a precarious organ, frail and liable to disease. On the contrary teach them that that part of their organism is the strongest, and the least liable to pathological disturbance of any part of their body.

Returning to the question suggested by the title of the paper. What then are the conditions calling for such a radical measure as extirpation of the womb?

First. Malignant disease.

Second. Some forms of fibroid tumor, e. g., those which by their size and rapid growth

Digitized by Google

or accompanying hemorrhage seriously jeopardize the patient's life.

Third. Procidentia which cannot be remedied through simpler measures.

Fourth. Incidentally and to facilitate the vaginal extirpation of crippled tubes and ovaries resulting from previous septic infection.

The removal of the womb where examination shows no pathological condition either of it or the appendages, seems to me open to very serious criticism. I acknowledge that I have a few times performed this operation under pressure of the patient's solicitation and urgent demands of family physician, contrary to my best judgment, but it has invariably under protest, and with the question lingering in my mind whether I had acted for the patient's best ultimate good. It is my firm belief that as time goes on the operation will find its proper place, and that the rather indiscriminate vaginal hysterectomies of the day will be a thing of the past.

SHOULD WE NOT BE LIBERAL AS WELL AS HOMŒOPATHIC IN OUR TEACHING?

BY M. C. SINCLAIR, M. D.,
GRAND RAPIDS, MICH.

Written for The MEDICAL COUNSELOR.

In man alone is there seen a consciousness of weakness and a need of help, which in all races and in all ages, finds expression through some channel toward a higher plane.

In religion, man's consciousness of weakness finds expression in religious emotions, toward a higher power.

The methods of giving expression to our religious emotions are not only as varied and diversified as are the nations of the earth, but also as are the beliefs of the different church denominations.

In one case we find a penitent, casting himself with face down upon the ground, thus giving expression to his humiliation. Another will cross the hands over the bosom to check the upheaval of the chest that is swelling with grief. An upward gaze of the eyes with outstretched hands, shows our absolute dependence upon a higher power.

The need of a full and free confession in regard to our weakness and shortcomings, if we wish to improve our condition or make amendments, is apparent to all.

So it is with the science of medicine. Its weakness and need of something more fixed and reliable at the bedside of the sick, shows itself in a hundred different ways.

How often it is, that physicians called in council not only of opposite schools of medicine; but physicians of the same school, agree upon the prescription necessary for the relief of the patient.

Take an ordinary consultation between two or more homœopathic physicians. It is possible they may agree upon the remedy, but the potency and frequency of the dose—"Ay, there's the rub."

Their opinions as to potency to be used, will range anywhere from the crude drug to the hundred-thousandth.

They are also liable to differ in regard to the frequency of the dose, and other correlatives necessary for the welfare of the patient. Their honesty of opinion I would not question for a moment. They are each striving to gain a higher standard in their profession. Their opinion in the case is an expression of their belief, and indicates the emotions within them. Some gaze upward with outstretched hands, showing their absolute dependence upon the higher powers; while others cast themselves upon the ground in humility, and are satisfied to keep close to mother earth.

It seems to me that we as homœopaths have too many beliefs within the belief.

We have those who believe in the high potency and those who believe in the middle and lower potencies, and once in a while a fellow who believes it is all right to give the crude drug. Then there are others ("Simon Pures," as it were), conscious of inestimable satisfaction of enjoying distinction and high

Digitized by Google

sounding names, each claiming they are just a little nearer the Hahnemanian idea than the other fellows. Truly the veritable "pot pourri," each bud giving forth its sweet perfume under the beneficence of homœopathy.

Shades of Hahnemann! is the glory of the sunrise, the broad gladness of the day upon which you made the grandest and noblest discovery of the age in which you lived, to be marred by interpretations which are so much at varience!

The discovery of the law of cure was one which literally dared the impossible, in using the living human body as a means of giving thought and expression to your genius. Hahnemann never intended that homœopathic remedies should be used exclusively in the high or exclusively in the low potencies. He gave to every physician using homœopathic remedies the right and privilege of using the remedy in the potency that seemed best to meet the requirement of the case.

The adherance of many homœopathic physicians to the higher potencies to the exclusion of anything pertaining to the lower and middle potencies, has been the vulnerable point in our system of medicine, at which abusive critics have aimed their arrows with more or less effectiveness. The affinity between certain drugs and certain organs is believed in and made use of by certain physicians, of nearly all schools of medicine with good results, examples of which are found in the use of *digitalis* and *cactus* in heart affections, *ergot* for uterus, and *quinine* and *mercury* for the liver. The value of the application of these drugs in the light of the knowledge we have of their action, no one can deny, and on the other hand it is equally true of late years the reduction of the dose has been a very noticeable step in the practice of our old school friends. Indeed with the advent of "serum therapy," the so called "regular" would not have to stretch his conscience very far to believe there may be something in the law of similars. So you see there is a sort of reciprocity in the air, so to speak. I myself, while strong in the faith, frequently run the risk of being ostracized by my professional brethern, by stepping outside the pale erected by the "Simon Pures," and giving the crude drug. As for example, *Fowler's Solution of Arsenic* in cholera, and the use of *iron* in appreciable doses in anæmia, etc. Where is the physician of any experience who would think of discarding the use of *chloroform* in puerperal eclampsia?

I am a firm believer in the efficacy of the higher potencies where indicated. They will do what nothing else can do; still we must not close our eyes and reason to other agents that are potent in the art of healing. Witness what the science of chemistry has done by placing in our hands so many powerful agents with which to combat disease. By making use of these agents we can relieve some diseased conditions of the body, that we could not otherwise.

The need of the hour in the state of Michigan is a medical college, fully equipped for teaching scientific medicine and surgery, a college whose policy would be to accept and teach to its students, anything pertaining to medicine and surgery that is of value, regardless of the source from which it came.

The basic principle, or "*alto relievo*" should be homœopathy, the "*basso relievo*" should be all else of value in the art of healing, and the science of surgery.

Detroit, the beautifnl city of the straits, with its 300,000 inhabitants, with its hospitals and many other advantages to the medical student should be its location. Such a college could not but draw to it, its full quota of medical students. The good people of the great State of Michigan, through representatives at Lansing, have expressed themselves in favor of one. Can we have it?

Slaughter of the Innocents.—In a recent article on "the slaughter of the innocents," Prof. Masse, of Bordeaux, says that mothers ought to nourish their own infants; "out of 74,000 infants put out to nurse at the expense of the State last year, 68 per cent. died."

Digitized by Google

ADDRESS BEFORE THE SECTION OF SANITARY SCIENCE, AMERICAN INSTITUTE, 1896.

BY SARAH J. MILLSOP.,
BOWLING GREEN, KY.

Of course, it is to be expected that the writer of an address on sanitary science will begin by claiming that all departments of science or medicine, none is so important as this one of preventive medicine. It should even take precedence of Materia Medica; for surely if hygiene and sanitation were understood and practiced, as they should be, there would be little need for the giving of medicines, or for the practice of medicine in any of its branches.

The science and art of obstetrics would, perhaps, be the only other necessary branch; and on the programs of medical societies it should be given special consideration instead of being appointed for the same hour as this most important of all subjects—the prevention of disease.

In this day there are but few questions aside from politics which receive the same degree of absorbing interest that is given to prophylaxis—the prevention of epidemics—the best known means of keeping well. While the art of healing is generally considered one of the noblest callings a man or woman can follow, it is more noble still to prevent disease with its attendant suffering, anxiety and possible death.

In reading medical and hygienic journals I have noticed in the last few years that in the older school the tendency is to give little or no medicine. For their cures they rely more and more upon hygienic living, food, drink and sleep, proper exercise, suitable clothing, the intelligent use of water, electricity, massage, etc.

At the Pan American Congress held in Washington a few years ago a most prominent place was given to the report of the science of hygiene; some of the ablest men in attendance read papers and participated in the discussions. At that meeting the medical director of the U. S. navy gave voice to the following true and poetic sentiment: "Time was, and that not very long ago, when hygiene—the Cinderella of the medical family—slunk unnoticed among menials; now she graces the salon, her proud sisters caress her and suitors court her favor. The ascendancy of hygiene has greatened and glorified medicine without dimming the lustre of any other branch."

At a meeting of the American Public Sanitary Association another prominent man said: "At present we do not pretend to combat acute infectious diseases with the old confused methods. We know that we are impotent to attack the malady directly; but we can struggle against it with better success by confining ourselves to carry out the indications for the time being and hold up the strength of the patient, surrounding him with all the cares that hygiene counsels, so as to aid the organism in its struggle against an unknown enemy, or at least one we can hardly perceive. By adopting this modest position, rather than employing an active, but blind therapeutic one we are enabled to snatch more victims from death." He added that statistics would bear him out in this assertion.

Even with our own more satisfactory and successful system of therapeutics we must confess that prevention is better than any method of cure. The proper observance of hygiene and sanitation is important, not only in preventing disease but in shortening its course and bringing patients through to more successful recovery.

In far off and medically benigned India members of the dominent school are awakening to the fact that the hygienic care of patients may give better results than their former antiquated method of medical treatment. At a recent meeting of the Calcutta Medical Society a good share of the time was devoted to the discussion of dietetics; one speaker referred to the "Kabiraj" or homœopath who had invaded the country, and admitted that

Digitized by Google

his success had been greater than their own in treating disorders of the alimentary canal. This he attributed to the homœopath's better knowledge of dietetics, rather than to the "indifferent medicine" he prescribed.

A noted physician, Dr. Pye Smith, in an address before the Hunterian Society of London on "Rational Medicine" placed in the foreground prophylaxis and sanitation which all these terms imply. He regards such measures as "eminently rational," which is certainly most rational talk on the part of this great man.

The laity even more than the medical profession are beginning to realize that prevention is better than cure. The people demand that they be preserved from the ravages of epidemics. Now instead of accepting plagues as a visitation from Providence they begin to clean up and disinfect. They want to be taught the most efficient means of preventing the spread of contagious and infectious diseases, when they do appear in a city, town or family.

Professional and business men say: "Tell us how to keep well; we cannot afford the time to be sick."

Where large business or professional interests are at stake, men would rather pay their physicians to keep them well than to pay for medicine. Fathers have said during the serious illness of a well loved child: "Doctor, this anxiety is terrible, I am unfitted for business. What salary will you take to keep my family from getting sick?" In time we might become as wise a people as the "Heathen Chinese!"

While some persons may object to laws passed by states, municipal councils or health boards, considering that they are arbitrary, and that their free-born rights are infringed upon, they will receive thankfully and carry out faithfully any sanitary or hygienic suggestions given by their trusted family physician. Mothers especially are apt pupils when danger threatens their loved ones. If a case of typhoid fever shows itself in the family, and there is a doubt as to the purity of the drinking water, only a hint is necessary to have the daily water supply boiled. Neither will the mother forget to have the stools disinfected and if necessary, a deep pit dug in which to bury them.

Where a case of pulmonary tuberculosis occurs in a family it need only be mentioned that the sputum with all rags and papers used, should be burned. So it is all through with bathing, feeding, ventilating, etc.

Physicians should be real missionaries in teaching their patrons all these things.

If, as statistics tell us, more than 40 per cent. of all deaths are caused by infectious diseases, which are preventible, then we as physicians and teachers cannot hold ourselves blameless. When hygienic living is better understood and practiced by the masses it is to be hoped that fifteen million dollars worth of patent nostrums will not be consumed annually as now.

But in order to impart this information intelligently physicians must themselves be thoroughly taught. Those who have been so unfortunate as not to have received instruction in sanitation and hygiene in their college course, and who have felt no especial interest in these subjects, would derive both pleasure and profit from reading some of the excellent hygienic and dietetic journals now published.

In my opinion the department of sanitation and hygiene should be one of the most important in the curriculum of a medical school. It should be taught first, last and all the time, instead of being placed only in the first or second year's course.

It was with much interest that I heard, at a meeting of this section last year, the suggestion that a syllabus be prepared for teaching sanitary science in our medical schools. While we may have some good text books on this subject, I think something more interesting to the students might be arranged; and so attractively presented as to attract their minds with the importance of this real live subject. While there has been a general in-

Digitized by Google

crease of interest in prophylaxis and sanitation all along the line during the past year; and laws have been enacted by boards of health and municipal bodies looking to the better enforcement of sanitation, probably nowhere has there been greater progress in this line than in this great state of Michigan. Dr. Stevens in his paper will tell us something of this work.

It has been with great satisfaction that I have noted the efforts made by both health officers and individual organizations to put a stop to that most disgusting and injurious habit of expectoratiug in public places. The health boards of some of the larger cities, notably Philadelphia, New York and St. Louis, have had signs posted in passenger cars and other public places forbidding spitting on the floors. The St. Louis "Board" has recommended to the city council the adoption of an ordinance making it a misdemeanor to spit on the floor in public places, and asked that numerous cuspidors be provided and cleaned in a sanitary manner. Many private manufacturing establishments and railroad corporations have had similar notices posted in their cars and shops.

In many cities the intelligent women, tired of waiting for physicians, boards of health, or municipal bodies to take active measures in this reform, have taken the work into their own hands. They have organized crusades against this noxious habit of public spitting, and it has been mainly through their efforts that many business firms have put up notices forbidding spitting on floors. Ladies who live in New York city say nothing more disgusting and nauseating can be conceived of than the mass of sputum to be seen on the sidewalks in the morning. They wonder if a law cannot be framed which would compel men to step to the gutter if they must expectorate.

No more important measure for preventing the spread of infectious diseases can be enforced that to stop indiscriminate spitting in public places.

Now that the women have taken hold of the reform the spitting nuisance is doomed; for whatever the women undertake in real earnest is sure to succeed. They don't know the meaning of the word defeat.

Dr. Goff makes mention of impure milk as one great factor in the spread of contagious or infectious diseases. This is unquestionably true, as many epidemics of typhoid fever, diphtheria and other diseases have been traced to contaminated milk both in this country and in Europe. Numerous cases of tuberculosis, especially in the young, are undoubtedly conveyed in the milk.

In most large cities there is a sanitary inspector of the milk supply; while in several states officials are appointed to inspect herds and to destroy tuberculous cows. There is also in some of the states what is equally important—a supervision of the dairy and of the persons employed to handle the milk and care for the cows. The feeding of the dairy stock is also receiving much attention. But in small towns and villages, and in country places, these laws are not enforced by local health boards or state officials. The inhabitants are left to the care of a merciful Providence to protect them from tubercular beef and milk.

We all feel an interest in what Dr. Hall has to say on "The Better Disposal of Sewage and Garbage than the methods now in Use." Certainly, in many cities and towns there is a crying need for reform in this direction. My own opinion has long been that sewage should be cremated. I am not even enough of a political economist to care whether or not it be utilized as a fertilizer. I can conceive nothing more heathenish in a civilized country, than to turn sewage, containing animal excrement, into a stream or body of water, where there is a possibility of its being used for household purposes, or from which ice may be gathered. The silent bivalve and every member of the finny tribe would cry out in protest, if they could,

Digitized by Google

against the loathsome despoiling of their domains.

Those who have not lived in the south or her borders, cannot realize the terror which strikes to the hearts of the Southern people when an epidemic of yellow fever breaks out in their midst. The inhabitants of any city or town will flee on its approach, deserting every financial interest. As a medical body we should hail with delight and gratitude any measure that will prevent the spread of this disease. Dr. Stout will tell us of the means used both by sanitation and quarantine to prevent the spread of yellow fever.

It may be thought that I am not competent to give an opinion on the subject of water, coming as I do from the state of Kentucky. But, however little water I may use myself, I consider it a most excellent beverage for others. The one stipulation I make in recommending it is that it shall be pure. Ah, there is the rub. To obtain pure water is not an easy matter.

It would seem as if there should be no difficulty in obtaining a pure supply of this element which nature has furnished so bountifully. But when we think of the thousands who have departed this life prematurely, from infection conveyed to them in water we then realize what a deadly agent it may become.

My first plea to insure the purity of water is that no sewage or refuse from slaughter houses or manufacturies of any kind be allowed to pollute rivers or bodies of water used for potable purposes. My second is that reliable public filters be provided so that the water will be furnished as free as possible from impurities to the consumers. It was my intention to have for this section an able paper on public and private filters; but the doctor who was to have presented this subject was unavoidably detained at home.

So far as my investigations go, I find that private filters are not reliable. If a good one is procured it is likely to get out of order. Some persons cannot afford to purchase; others neglect to do so, or do not know the need of such a safe-guard, so it stands to reason that the only sure way of protecting the public is to have the water filtered by the company or city who furnish it to consumers and who receive pay for furnishing a pure water.

I notice in sanitary journals many methods described for filtering water on a large scale. While there may be considerable expense attached to the process it would not cost more in the long run than a few funerals each month or year. I speak with feeling on this subject as I live in a small city in which we have typhoid always with us. The water for which we pay contains not only pathogenic germs but after every heavy rain it is of the consistency of mud.

I am rejoiced to know that one water company has been indicted for manslaughter, a death from typhoid fever having been contracted from water delivered by the company through its mains. If all deaths from impure water were charged up to the true cause we would soon cease to hear the expense of filters given as an excuse for not providing them.

The wide-spread prevalence of diphtheria during the past autumn and winter has called forth the most earnest discussion as to the best means for both its cure and prevention. Anti-toxine seems still to be in favor, both in this country and in Europe. If it can be satisfactorily proved that anti-toxine is "an absolute preventive of diphtheria," as some claim, it will be of far greater value than as a curative agent. But in order to prove this long experience will be required; and as one writer said, "Tests must be made in the light of comparative statistics with accurate microscopical examinations of the deposit in the throat." Then, too, we need to be assured that there is no danger in its use, as there proved to be recently in a notable case in Berlin. In the meantime let us use every prophylactic measure included in perfect sanitation and hygienic living.

Anti-typhoid serum and the treatment of

Digitized by Google

syphilis by antisyphilitic-antitoxine seem to be the latest additions to serum- herapy; but as yet sufficient evidence has not been collected to prove the value of these methods of cure.

Nothing which has been advanced during the past year pertaining to Neurasthenia has exceeded in interest the views of our own Dr. Talcott on early rising as a cause of insanity among farmers and their families. I have never been an advocate of early rising for either adults or children; and I have often been made to feel that I had committed one of the deadly sins by my precept and example in this direction. Now, I am glad to find myself in such good company. If I may be allowed to supplement the views of this distinguished alienist I would offer the suggestion that it is not early rising alone which is conducive to neurasthenia and insanity, but the steady "grind" of work is also a factor. With many farmers' wives it is work, work from morning until night. They even invent work when the regular work is done. Instead of sitting down to an interesting book, or taking a needed sleep, they begin to sew on their "crazy" patchwork.

We seldom hear of a colored woman having neurasthenia or becoming insane. As a rule they are happy and jolly and will spend their last dime to go to a "show." They don't work all the time. Indeed many of them who live out take a vacation during the entire summer months, subsisting mainly on berries and watermelons. They even make a regular picnic of solemn occasions—as baptisings and funerals.

As for their ability to sleep nothing equals it. Let a darkey, old or young, sit down for a few minutes any time, day or night, and he is sound asleep.

What is so restful and refreshing to an irritable baby, or to the worn body and nerves of the mother than a good sleep?

In my opinion, one chief benefit derived from an ocean voyage or stay at sea shore or mountains comes from indulging in the luxury of the sleepiness that often overpowers one from the change of air or scene. So beneficial have I found sleep when brain and body have been overtaxed that I have often felt like exclaiming with Sancho Panza "God bless the man who first invented sleep."

PLACENTAL APOPLEXY.

BY ALLISON CLOKEY, M. D.,
LOUISVILLE, KY.
Registrar and Professor of Physiology, Southwestern Homœopathic College.

Written for The MEDICAL COUNSELOR.

It is said that the history of any man's life would make interesting if not profitable reading. We think as much might be said of almost any case of disease, especially if unusual or complicated. Hence it is said that, in response to a request for an article for the COUNSELOR, we venture to offer the simple recital of a case.

Mrs. B. has been a patient of ours for some seven years, requiring during most of the time, however, practically no attention whatever, being the picture of health. After six years she was still childless, much to her husband's disappointment and her own. We finally persuaded her to submit to an operation—dilitation of the cervix which was followed by an uneventful recovery. Six months later she became enceint, her pregnancy progressing nicely until the close of the fifth month when a most aggravating reflex cough set in which was distressing not only by day but disturbed the patient's rest at night; the abdomen became so sore that it was sensitive to even the slightest touch.

In spite of all our efforts the cough went from bad to worse for two months and a half when it disappeared as suddenly as it came, a profuse and frequent diarrhœa taking its place, which in its turn we were unable to check with the best selected remedies. About the time the cough disappeared and the diarrhœa appeared the movement of the fœtus, which had been very vigorous up to that time, became perceptibly less, and after

Digitized by Google

two or three days disappeared altogether. The abdomen became flabby and there were other evidences that the fœtus had died; no heart sounds could be detected upon the most careful examination with the stethoscope. Any one who has had a similar case knows the doubt and the uncertainty in the physician's mind under such circumstances, and it was not until the fœtus had been dead probably two weeks that we finally decided to take things into our hands. A catheter was inserted one night and the next day the seven and a half months old fœtus was delivered, breech presenting, much decomposed. A very careful examination of the placenta discovered a large blood clot on its uterine side—a clot which might easily have been two weeks old. This, we are safe in concluding, had been the cause of the fœtus' death, nutrition having been interfered with. There can be no doubt either that the hemorrhage was caused by the rupture of some sinus during the spell of coughing.

The patient progressed very nicely until the fifth day when a chill was followed by a temperature of 103 in the morning and 104½ in the evening; pulse 120. The temperature varied between 103 and 105 for two days, when an assistant administered chloroform and we thoroughly curetted the uterus. The temperature dropped from 103 to 101 during the afternoon and we felt that clear sailing was ahead. But the temperature varied in the same way—from 100 to 105, with pulse as high at times as 140—for twenty-three days, one day being higher in the morning the next in the evening—a typical septic fever. It was a case of pelvic cellulitis. We were on the constant lookout for an abscess, but no pus developed and the case recovered without a second operation. The case was so bad for three weeks that we had almost no hope for the patient's recovery, let alone her restoration to perfect health, which she now enjoys, four months later.

It is such cases as these that shorten the physician's life and make it a hard one while it lasts. It is just such cases, too, which should give the physician unbounded confidence in nature; after our resources are exhausted nature fights down the disease and conquers it.

A PROVING OF THLASPI.

THLASPI BURSA-PASTORIS, ("SHEPHERD'S PURSE.")

BY J. C. FAHNESTOCK,

PIQUA, O.

Read before the Homœopathic Medical Society of Ohio.

PROVER NO. 1.

Medical student; male, brunette, tall, weight 165 lbs., dark hair, dark complexion; in perfect health, never knew what a headache or backache meant.

Aug. 27th., 1895.—Examination of urine showed quantity during 24 hours, 25 ozs.; color, amber; specific gravity, 1028; reaction acid; no sugar by the Fehling's solution test; no albumen; earthy phosphates increased. Microscopical examination revealed nothing abnormal.

Aug. 28th.–Took 15 drops tincture at 9.30 a. m.
" " " 15 " " 11.30 "

Dull frontal headache, dull pain in both temples, numbness in left arm and in left leg; slight pain in left testicle.

Took 15 drops of tincture at 1.30 p. m.
" 15 " " " " 3:30 "
" 15 " " " " 5:30 "

Headache continues all the afternoon, drowsyness; unable to study; indisposed to make any exertions, either mental or physical; urine increased. Could not sleep well in the fore part of the night, owing to the headache.

Aug. 29th.—Tired in the morning on rising, with weakness in the lumbar region; no headache, but headache after breakfast; no appetite.

The urine was increased to 38 ozs. for the first twenty-four hours after beginning the use of the remedy, Color, light yellow; reaction acid specific gravity 1030; albumen,

Digitized by Google

none; sugar, none; alkaline phosphates, diminished; earthy phosphates, diminished; sulphates slightly increased. Microscopical examination negative.

No medicine used on Aug. 29th. Aug. 30th., urine normal in color and quantity; no headache; urine still increased, 35 ozs., no other symptoms.

Took 10 drops of tincture at 9:30 a. m.
" 10 " " " " 10:30 "

At 11 a. m. began to have frontal headache and dullness in temples.

Took 10 drops of tincture at 1:30 p. m.
" 10 " " " " 2:30 "
" 10 " " " " 3:30 "
" 10 " " " " 4:30 "

Dullness in the head, dull frontal headache. Flushed face the entire afternoon. Headache ceased after supper 6:30 p. m. Restless during the night.

Aug. 31st.—Soreness in all the muscles of the right arm; dull pain in lumbar regions; urine 36 ozs. 24 hours; reaction alkaline; color light yellow; spec. grav. 1026; albumen none; sugar none; sulphates normal; alkaline phos. dim.; earthy phosphates dim.

Sept. 1st.—No symptoms.

No more symptoms.

PROVER NO. 2.

Miss M.—Single, blonde, tall, weight 145 lbs., in good health at the time of proving; has had no sickness for a number of years with the exception of slight colds.

Aug. 25th., 1895.—Examination of urine with following results. Amount in 24 hours, 20 ozs.; amber color; spec. gravity 1025; acid reaction; albumen none; sugar none; phosphates (earthy) normal; phosphates (alkaline) normal; sulphates normal. Microscopical examination negative results.

Aug. 26.—Examination of the urine showed same as the day before.

Aug. 26.—Took 10 drops of tincture at 4:30 p. m.

Took 10 drops of the tincture at 6:30 p. m.

Dullness in right temple. Took 10 drops of the tincture at 10 p. m. Dull sensation and pain above the eyes; a heavy aching in forehead, and at times a drawing feeling in the forehead extending to the eyeballs. Restless during the night. Awakened as if frightened at 3 a. m. and could not go to sleep again for two hours; very nervous. Eyes swollen in the morning.

Aug. 27th.—On rising face very pale and eyes very much puffed up, and a dullness through the entire head. Took 10 drops of tincture at 10 a. m.; in a very few minutes there was a dull pressing pain above the eyes. Took 10 drops of the tincture at 12 m. I soon found myself nervous and restless, a frequent inclination to urinate with a decided increase in quantity. This urging to urinate continued all the afternoon.

Took 10 drops of the tincture at 10 p. m., retired at 10:30 p. m. was very wakeful. I could not lie still and was obliged to get up and urinate twice in one hour. Very restless at 11:30 p. m. got up and walked about the room, the inclination to urinate keeping up. Read a little while until drowsy, after which I retired. Sleep was troubled with dreams. Urine increased 10 ozs. in quantity the last 24 hours.

Aug. 28th.—On waking had a tired feeling all over the body, eyes puffy, dullness in head and unable to do any mental work; the frequent urination kept up the entire day. Urine very light; quantity 35 ozs.; reaction neutral; spec. grav. 1022; albumen none; sugar none; phosphates (earthy) diminished; phosphates (alkaline) normal; sulphates normal.

Aug. 29th.—Feeling better, still a little puffiness about the eyes; urine about normal.

Aug. 30th.—Slept well during the night and feel refreshed. Urine diminished with red sediments; headache about all gone.

Sept. 1st.—No more symptoms with the exception of the red sediments in the urine.

Sept. 2nd.—No symptoms, urine about normal in quantity and color.

Digitized by Google

PROVING NO. 3.

This being prover No. 2.

Jan. 30th., 1896.—Examination of urine. Amount in 24 hours 20 ozs.; spec. gravity 1025; acid reaction; albumen none; sugar none; phosphates (alkaline) normal; phosphates (earthy) normal; sulphates diminished. Microscopical examination wtth negative results.

Feb. 2nd.—The urine was again examined there being no perceptible change.

Took 5 drops of lx dilution at 9 a. m.
" 5 " " lx " " 10 "
" 5 " " lx " " 12 m.
" 5 " " lx " " 1 p. m.
" 5 " " lx " " 3 "

After taking the second dose of medicine I felt an inclination to urinate frequently and had a dull pain in the forehead above the eyes. At 12:10 p. m. the pain over the eyes and through the temples increased. I was inclined to take long respirations. At 2 p. m. head heavy, dull feeling in head, dull, full feeling in both temples. At 4 p. m. went out for a walk, which relieved the sensations in the head. Urine slightly increased, about 5 ozs.

Feb. 3rd.—Did not retire until late but slept well and have a good appetite; bowels regular as usual; appetite not affected.

Took 5 drops of lx dilution at 9 a. m.
" 5 " " " " " 10 "
" 5 " " " " " 11 "
" 5 " " " " " 12 m.
" 10 " " " " " 1 p. m.
" 10 " " " " " 6 "

After the second dose I begin to have a heavy dull feeling in the head; dull frontal headache; sighing respiration; nervous and the inclination to void urine. Urine increased in quantity and the frequent urination continued until evening, when I felt some better. Appetite not effected—no disturbance of the bowels.

Feb. 4th.—Nervous and restless during the night and obliged to void urine during the night. Amount of urine passed during the last 24 hours was 38 ozs. and not very much color.

Took 10 drops of lx dilution at 10 a. m.
" 10 " " " " " 12 m.

Very soon after taking the first dose, urine was again increased in quantity. Felt like urinating every few minutes; fullness; a full feeling in the temples. This pain and fullness in the temples become very distressing at 12:30 p. m. The temples were swollen and painful and the only relief was to get out of doors. Urine increased in quantity 10 ozs. more than usual during the day.

Feb. 5th.—Did not sleep well during the night; sleep disturbed by dreams; eyes puffy; paleness of face. I discontinued the remedy as it unfitted me for reading or any kind of work and spent most of the day laying down. I did not take any more of the medicine and all the symptoms gradually subsided with the exception of a diminution of the urine for the three following days. During the three days that the urine was diminished, the same red sandy deposits were noticed in the urine, after this the urine was quite natural.

Menstruated Feb. 14, there was nothing unnatural.

Mar. 1st.—Am feeling perfectly well.

Mar. 2nd.—Took 10 drops of lx dilution at 5 p. m.

Took 10 drops of lx dilution at 6 p. m.
" 10 " " " " " 9 "

In twenty minutes after taking the first dose the same fullness in the temples was noticeable and at the end of the first hour, temples were swollen, accompanied by a dull headache. 7:30 p. m., my head aches very badly and eyes feel heavy; must urinate more frequently; feel very much depressed. 11 p. m., I am still suffering with frontal headache get a little relief by closing the eyes and pressing on the eyeballs.

Mar. 3d.—Was very nervous until nearly morning, then slept hard, awakened unrefreshed. Eyes swollen with stiff feeling. Tired feeling in the small of the back and lower limbs. Felt generally tired. Went

Digitized by Google

out for a walk at 11 a. m. did not relieve me, but seemed to tire me very much and was obliged to lie down. Headache in forehead and temples the entire day, completely unfitted me for work.

Mar. 4th.—Slept very soundly during the night, am very tired this morning; eyes still slightly swollen. Indisposed to read or make any effort. Pain in the small of back, a tired sore feeling. Urine greatly diminished in quantity. Urine redish brown in color leaving a sediment in the bottom of the vessel resembling brick dust.

Mar. 5th.—Feeling quite well to-day, urine normal in quantity and color.

Mar. 6th.—Was anxious to know what effect a large dose of the remedy would produce took two doses an hour apart of 20 drops at a dose. In an hour from taking the first dose I had a very bad frontal headache, pain in small of back, swollen temples, and a severe pain in the region of the heart. Felt drowsy and tired, yawning, with cold feet and hands, eyes puffy and swollen, must lie down. Two friends inquired if I were ill and remarked about my looking bad. Felt very bad all day urine increased ⅓ in quantity I felt weak and had no disposition to attend to anything for three days. On second day urine diminished and again showed the brick dust sediment.

Menstruation began Mar. 11th, and continued to the 17th inclusive, that being two days longer than usual. Menses very profuse; color deep red, with occasional dark clots. As noticed before the urine still remained scanty and darker with sediments. After cessation of the menses the urine increased in quantity and natural in every way.

I am now—a month after proving—in the best of health.

The Penn. State Examining Board has refused to recognize New York licenses because New York refused Penn licenses a recognition. The time must soon come when some plan such as suggested by the American Institute for an interchange of licenses will be adopted.

SOME REMEDIES IN SUMMER DIARRHOEA OF CHILDREN.

BY SARAH A. GASTON, M. D , DETROIT.

Read before the Detroit Homœopathic Practitioners' Society.

Aconite has stools like chopped herbs,—patient is restless, has full and frequent pulse, mouth is dry with burning unquenchable thirst. With thirst of aconite in diarrhœa I will compare *natr. mur. rhus-tox, bryonia, arsenicum,* and *mercurius.*

Natrum Mur. has great thirst with salty or entire loss of taste.

Rhus Tox has great thirst for cold water or milk, with dry mouth having characteristic red tip on tongue.

Arsen. Great thirst drinking small quantities at a time, and often. Vomits after eating or drinking.

Mercurius has great thirst but tongue is moist and mouth is often full of saliva.

Bryonia has thirst for large quantities of water at long intervals.

Aloes, rumex, sulphur, apis, bryonia and *podophyllum* all have diarrhœa worse early in the morning.

Aloes has yellow stool, jelly like, watery or windy with intense colicky pain in lower abdomen associated with extreme prostration with constant sensation of insecurity of the sphincter ani—the rectum feels full of fluid.

Rumex orispus has stools brown and watery, always accompanied by incessant dry cough and debility.

Sulphur has foetid, watery diarrhœa, acrid stools excoriating the anus, alternate diarrhœa and constipation in changeable weather in summer, also where other remedies seem indicated and fail to act.

Podophyllum has green, sour watery stool, or yellow mixed with mucous and very offensive—preceded by griping colic. Stools of *podo.* and *puls.* are both changeable. May be undigested or clay colored—prolapsus ani. Great exhaustion.

Podophyllum, chamomilla, ipecac, œthusa, calc. carb., rheum and *sulphur* are especially

Digitized by Google

indicated in diarrhœa of children during dentition in summer.

Ipecac has constant nausea—more nausea than vomiting. Stools of greenish mucous, and more frequent in the evening, often caused by eating fruit.

Æthusa has bright yellow or greenish watery stool—violent vomiting of curdled milk with intolerance of milk. Stools or vomiting are followed by exhaustion or dozing.

Calc. Carb. is more often indicated in chronic diarrhœa, but may be indicated in summer diarrhœa in fat scrofulous children; stools are white and chalk like, at first hard, then pasty, then liquid and like *chamomilla*, has odor of bad eggs. Profuse sweat on the head while sleeping, wetting the pillow; feet constantly cold and damp.

Rheum has sour smelling stool as also has *calc. carb.*, *podo.* and *robina.* The child smells sour even if washed or bathed. Straining before stool and colicky, constrictive cutting pains in abdomen after. Shivering during stooling.

Chamomilla has painful diarrhœa, especially in children; abdomen is hard, feet drawn up, stools watery or greenish with characteristic odor, patient is cross, if child, it wants to be carried all the time. Bitter taste in mouth as also has *ars.*, *bry.*, *colocynith*, *cnichona*, *nux v.*, *puls.* and *sulphur.*

In acute diarrhœa with sudden prostration of strength we have *ars.*,*camphor*, *carbo veg.*, *thuja* and *verat. alb.*

Arsenicum stools are thick, dark green, mucous or brown black and watery, involuntary stools. *Bell*, *carbo veg.*, *ferrum*, *hyos.*, and *rhus tox* also have involuntary stools. Vomiting after eating and drinking.

Camphor has complete prostration, great coldness of skin, yet the patient does not want to be covered. Stools are involuntary.

Veratrum Alb. has a choleric pathogenesis. General coldness, prostration going on to collapse; frequent nausea and vomiting, pallor of face, breath is cold, copious watery stools, complete muscular prostration, great desire for fruits and acids.

Thuja has copious, pale yellow watery stools, discharged with great force and gurgling. *Croton tig.* has this same characteristic in the discharge of the stool, and also great debility. The diarrhœa of croton tig. is painless. Croton tig. should not be given low.

Ars., *bry.*, *china*, *colocynth*, *puls.* and *ipecac* are indicated in diarrhœa from eating fruit. The stool of *bryonia* is brown, thin, fœcal or undigested. Worse from motion and in morning. Characteristic, thirst.

China—stool is frothy or undigested and diarrhœa is painless. The stool is excited by feeding and diarrhœa is worse every other day.

Mercurius (*vivus*) has green and mucous stool, also shiny, frothy or bloody. Ineffectual urging to stool every moment, with tenesmus in rectum. Great pain before stool, weakness after stool.

China, *ferrum*, *hyos.* and *podo.* all have the characteristic of a painless stool.

Ferrum has painless, watery undigested stools, at night, or while eating and drinking. Emaciation, and debility with good appetite. The least emotion or exertion produces a flushed face. *Hyoscyamus* is worse from mental excitement.

Two German physicians in New York, convinced by the logic of events, have established under the auspices of the Red Cross, a temperance hospital and training school for nurses.

This society, it is stated, has long felt the need of such an institution, and the striking success of non-alcoholic methods practiced in that city by progressive physicians resulted in the organization of the Red Cross Hospital. Some of the leading practitioners of New York are on its medical staff, among them Dr. George F. Shrady, who attended President Garfield and President Grant, also editor of the *Medical Record.*

Union Siginal.

Digitized by Google

Dear Doctor:

The Editor of ***The Medical Counselor*** *is desirous of presenting a complete report of the experience of Homœopathic practitioners with diphtheria and giving forth their results—proving, if possible the superiority or not of our method over all others especially the Antitoxin method. With that purpose in view, we have sent you with hundreds of others this blank hoping you will fill it out and return it with such other remarks and reports of cases as may seem of interest to you. Send us a consecutive series of as many cases as you can.*

1. Number of cases..... Number of deaths.....

2. Was the diagnosis made by clinical evidence or by bacteriological examination? Number by each method.....

3. Give the ages of your patients, and the number dying at each age.....

4. State the number of cases in which the membrane was situated respectively upon tonsils, nose, pharynx, or larynx and the results in each class of cases, especially of larynigeal cases.....

5. Was intubation or tracheotomy performed, and the result from each operation?

6. In how many cases was there present sepsis, nephritis, broncho-pneumonia or paralysis, and how many fatal cases of each?.....

7. State in a general way your treatment and remedies used .....

8. Remarks and cases .....

Very truly yours,
STEPHEN H. KNIGHT, M. D.,
14 West Willis Ave., Detroit.

Editor Medical Counselor.

SILICEA.

BY MARY A. WILLARD, M. D.

DETROIT, MICH.

Part of a paper read before the Practitioners' Society.

Silicea, or as Hughes calls it, Silica, from the Latin silex or flint, is silicic acid in a state of purity.

Silicic acid is an acid composed of one part silicon and three parts oxygen. It is a light, white powder which feels rough when rubbed between the fingers. It has neither taste, smell or odor. It combines with bases, forming salts, which are called silicates.

Silicon is a dark, nut brown, elementary substance, destitute of metallic luster, and a non-conductor of electricity. It forms the base of silica or flint, which is, therefore, an oxide of silicon.

Flint and quartz are almost identical substances but some authors place flint as an intermediate between quartz and opal. It is translucent and semi-transparent, and varies in color from a very dark brown or almost black to light brown, red, yellow and grayish white and is sometimes clouded, marbled or spotted. These varieties are probably according to its purity. It readily strikes fire with steel and, in the not far distant past, was the principal means used to obtain fire. Some of us may remember our grandfather's old flint lock guns and tinder boxes. It is said that the spark produced is the result of a chemical combination between the atoms of iron and silica displaced by the act of friction.

Flint is very abundant in nature. It is almost the sole constituent of quartz rock, in which gold is far more frequently found than in any other matrix; it is the principal constituent of granite, sand stone and many other rocks as well as the sands of the sea shore and desert. It forms the base of many of our precious stones as rock crystal, chalcedony, carnelian, cairngorm, agate, amethyst, jasper etc. Opal, as has been said is very nearly allied to it. Glass is made from it

Digitized by Google

being a silicate of soda and used, among other uses, by surgeons to form splints.

Silex is also a constituent of the animal body, not in large quantities, to be sure, but it is there, and necessary to good health, for when it falls below the normal the person becomes rachitic or scrofulus. Dr. Van Granvogel has pointed out that the only difference between cartilage and bone is that silica is present in the latter and not in the former. Does not the craving for plaster, slate pencils, sand, etc., exhibited by scrofulus children and delicate young ladies indicate the fact that their systems crave the silica which, from some perversion of nature, has been denied them?

According to Hughes, flint was first used as a medicine by Paracelsus, but its employment had become quite unknown when Hahnemann triturated and proved it and found it to be a most valuable remedy.

The physiological action of *silica* is as yet unknown; pathologically it has been found to influence the nutrition rather than the functions of the organs. Hence it is a slow acting remedy in the main, suitable to chronic rather than to acute diseases, although when judicially chosen, according to leading symptoms, its action in acute diseases is sufficiently rapid.

Teste says it is especially suited to fat people of a lymphatic, sanguine temperament but we must not be misled by this fact and neglect to study it in relation to emaciated people, especially pot-bellied children, whose emaciation is the consequence of indigestion, or lack of assimilation, and who look starved although eating ravenously.

Perverted nutrition, then, is the key note for the exhibition of *silica*. And it does not matter whether this perversion is in blood, bone, brain, nerve or muscle.

Hughes says that the first great property of *silica* is its power over suppuration, but I am inclined to think that this is not its first power. I would say that its first great property was its power over the scrofulous and rachitic diathesis for those include suppuration as well as many other diseased conditions.

Silica is not usually thought of, I think, in nervous conditions, but its pathogenesis shows it to have a wonderful influence over the nervous system; and here again it is the nutrition, or lack of it, of the nerve centers which is affected, thus it is indicated in nerve exhaustion from over study, or over exercise of the brain in any way. A general sense of weakness or undue fatigue, whether of brain or body, calls for its use. The brain and spine cannot bear concussion. There is apt to be paralysis, more or less severe, and may be spasms. And, strange as it may seem, silica has been used with great success, both internally and externally, to alleviate the pains of cancer, using 1x and 2x triturations.

For kindred remedies to *silica* we have *calc, hepar, merc, phos* and *fluoric, phosphoric* and *picric acids.*

ANTI-VACCINATIONISTS GETTING VACCINATED.

Gloucester, in England, sixteen miles from Berkeley, where Jenner made his discovery of vaccination, has been visited with an epidemic of small-pox. The "antis" in the place have for years been vociferous in their opposition to vaccination, but when the outbreak of the disease began to assume alarming proportions, almost every one of them hastened to get vaccinated. Some of these had the honesty to confess that they had been in error, but the majority said nothing at all, being vaccinated quietly, some even going to towns at a distance from Gloucester in the hope that the fact of their apostasy from the holy cause of the antis might escape publicity. The editor of the paper which had led in the anti-vaccination crusade could not get away, so he published a card to the public, announcing that he had been "influentially urged" to get vaccinated, and hence he had sacrificed his "personal convictions" in hope of contributing to "the public good." The role of martyr in a bad cause is evidently not to the liking of this little man.—*Med. Rec., 1896, xlix, 759.*

Digitized by Google

THE MEDICAL COUNSELOR.

A Journal of Homœopathy and Collateral Sciences. Published Monthly by The Medical Counselor Publishing Club, 6 West Adams Avenue. Detroit, Mich.

EDITOR,

Stephen H. Knight, A. M., M. D.

ASSOCIATE EDITORS.

Materia Medica.—M. W. VAN DENBURG, M. D. Fort Edward N.Y
R. MILTON RICHARDS, M. D., Detroit.
Surgery.—CHAS. S. MORLEY, M. D., Detroit.
Medicine.—ROLLIN C. OLIN, M. D., Detroit.
Eye, Ear, Nose, Throat.—D. A. MACLACHLAN, M. D., Detroit
Obstetrics, Gynæcology and Pædology,—
E. LOUISE ORLEMAN, M. D.,
MARY THOMPSON STEVENS, A. B., M. D., Detroit.
Diseases of the Chest.—W. R. MCLAREN, M. D., Detroit.
Mental and Nervous Diseases.—W. A. POLGLASE, M. D., Lapeer.

COLLABORATORS.

M. C. SINCLAIR, M. D., Grand Rapids, C. G. CRUMRINE, M. D. Battle Creek, D. M. NOTTINGHAM, M D., Saginaw

Subscription price Two Dollars per year. Single copies 20 cents.

Communications are invited from all parts of the world. Contributions, books for review and exchanges should be addressed to the Editor, **14 Willis Ave. West,** *Detroit, Mich.*

Business letters and remittances should be addressed to Rollin H. Stevens, M. D., Business Manager, 6 West Adams Avenue Detroit, Mich.

Editorial.

In the current number of the *Physician and Surgeon* appears a communication entitled "An open letter to the Members and Friends of the Medical Profession (Regular) in Michigan" by one, Dr. Donald MacLean, Detroit, an ex-professor of the department of Medicine, University of Michigan.

The tenor of the communication may be easily understood from the following extracts.

An organization calling itself "The Michigan Medical Legislative League" has in a printed circular appealed to you and to me for aid and comfort in its efforts to accomplish a certain self imposed task, namely; "To secure through organized effort just and equitable laws regulating the practice of medicine in Michigan and to promote the interests of the medical fraternity." Truly a noble object and worthy the utmost effort of every lover of science and every friend of humanity.

The executive board of the league consists of five irregulars and two members of the regular profession.

For almost a quarter of a century in this state, I and my professional associates have labored and waited and hoped for the successful accomplishment of this, which is plainly declared to be the main "object" of the "Legislative league." It is needless to say that its attainment is as dear to our hearts today as it ever was. We stand ready now as in times past to do anything and everything within the bounds of honor and decency to secure legal medical protection for the sick and suffering. It is therefore with extreme sorrow that we feel compelled to say that the course of procedure and policy publicly avowed by the "Legislative League" is in our opinion, deserving only the pity and contempt of every true friend of regular medicine and every individual who sincerely wishes to do what he can for the relief and protection for the sick and hurt.

Let us earnestly and persistently oppose any and all legislation which tends to increase the power of the quack, the charlaton and the sectarian, while it degrades and humiliates the only real school of medicine, that namely which rises above all Pathies and all sects and seeks only the welfare of the sick and suffering and in doing so eagerly accepts anything and everything which holds out reasonable hope of being practically useful.

The further appeals of this Dr. MacLean to his professional brethren, to abandon their "unholy alliance," are pathetic in the extreme, and were they not, in the light of the present so ludicrous, would move us to tears. We desire to inform our readers and incidentally Dr. MaeLean himself that he stands almost if not completely alone in the stand taken. The time has come when Michigan needs a better medical law in order not to become the medical dumping ground of all the states about us. To obtain such a law, a common, united effort has been made to organize all practitioners upon the broad basis of legal registration and thereby secure a non-sectarian body having the support of all classes of physicians.

The "irregulars" so much dispised, are American citizens, many of them *born* on this soil and their fathers before them, and as such are entitled to all the rights and privileges of citizenship—one of those privileges being the peaceable persuit of their lawful occupations. In the eyes of the law these "irregulars" are on an equal footing with Dr. MacLean and his "friends" consequently any attempt made to abridge their right to practice or to monopolize the licensing power will fail as ignominiously as it has hitherto. Some of these "irregulars" "stand ready now as in times past to do everything and anything within the bounds of honor and decency to secure legal medical protection for the sick and suffering." The Detroit Homoeopathic Society most early and actively has bestirred itself in the good cause, and while demanding for our school a fair representation, has never raised any sectarian cry or quarreled over the members allotted to it.

It is too late in the nineteenth century to even discuss such an exclusive policy as is so dear to Dr. MacLean's heart, nor will any fear of rebukes or anathemas for the American Medical Association or any other society lead the liberal minded regular profession which has gone into this movement heart and soul, to consider even, the adoption of such a policy.

Finally we fear that the Homoeopaths, Eclectics and others are here to stay—for the present at least—and if the earth is not large enough for them and the good doctor too, why! we advise him to quietly get off of it.

Digitized by Google

Are Nervous Diseases Increasing?

We have become so accustomed to the idea that the present age is particularly characterized by nervous diseases that we seldom question the truth of this impression. It is with pleasure that we read Philip Coombs Knapp's article in the May *Century*. He throws a little light upon the dark picture of our nervous degeneration and permits us to hope that our nervous systems are not in danger of the complete collapse that seems to threaten them.

The author says that the cause of the supposed increase in nervous disease is increased demand made by the conditions of modern life upon the brain. Everything is done in a hurry. We talk across a continent, telegraph across an ocean, take a trip to Chicago for an hour's talk. Business methods are such that a fortune may be made or lost in an hour. The conditions of a democracy are such as fill the people with unrest, each one striving to better his condition. We take even our pleasures sadly and make a task of our play. We must not only take an active part in all local affairs, but must sympathize with the dwellers in the uttermost parts of the earth. What wonder if the pressure is almost more than our nerves can bear.

The question arises as to whether these conditions are worse than those that have prevailed in the past. Human life and liberty are more secure than ever before. The civilized world suffers less and less from epidemics. Plague, small-pox, and cholera have almost entirely disappeared. Infectious diseases are becoming less deadly. The dangers of war and oppression are less. We no longer have the Inquisition, the stake, or the Bastile. Property is no longer taken from us without due process of law. A man can take a journey without fear of highwaymen. The farmer can plow his field without a dread of the redman's arrow. The material comforts of life have increased. We know nothing of the horrors of famine. We have cleaner houses, better walking, purer water, and fresher air. In a thousand ways life is made more easy and comfortable. All this means better mental health. Statistics are often deceptive. The better hygienic conditions prevent many weaklings from succumbing to infectious diseases, and these are probably more liable to nervous diseases as they advance in life. Vital statistics show a greater increase in deaths from heart and kidney troubles than from nervous diseases. Paralysis and apoplexy, classed as brain diseases, are due to disease in the circulatory apparatus. Increase in insanity may be more apparent than real. Physicians recognize as insanity many mild forms of mental disease not formerly regarded as such. Popular ideas have changed. Insanity being acknowledged a disease and not a disgrace, many more persons are admitted to asylums now than formerly.

All nervous diseases are not due to the demands of modern life upon the brain. Broken heads, broken backs, and other traumatic nervous affections, diphtheritic paralysis, locomotor ataxia, and meningitis are due to other causes. Another large proportion of nervous diseases is due to bacteria. Some forms are thought to be of an infectious nature; others are thought to be produced by the action of poisons generated by the germs of other diseases. Other poisons, not of bacterial origin, may cause nervous diseases, as the so-called lead palsy. Arsenic, alcohol, absinthe, mercury, and other substances give rise to nervous diseases.

Many new forms of nervous diseases may be attributed to greater knowledge and refinement of diagnosis. Paresis is actually no more prevalent than it was fifty or one hundred years ago. The author does not think that, speaking generally, it can be proved that nervous diseases have increased. He speaks particularly of American nervousness. Dr. Beard calls nervous prostration the American disease and seems to accept as an axiom that Americans are more nervous than any other race. He admits that locomotor ataxia and

Digitized by Google

apoplexy are more frequent in Europe than in America. The author gives quite conclusive statistics to prove that hysteria is more common in Europe than here. The old idea that Americans are physically inferior has been overthrown. The civil war ended that. No armies endured more than ours in the field; no people endured more than those who stayed at home waiting and helping. Dr. Brown-Sequard found that American mammals survived injuries that were invariably fatal to the European, and our surgeons found a surprising precentage of recovery from gunshot wounds. The American soldier is as well developed as the European. The American schoolboy is equal to the boy of Eton and Rugby. The longevity is as great or greater in this country than in Europe. In international sports America has held her own. Our cavalry and express messengers on the plains have made better time without injury to horses or men than the picked riders of Austria and Germany in the famous ride between Berlin and Vienna. These instances show that in size, strength, skill, and endurance we are equal to the European. The American is energetic, pushing, restless, impatient, more in a hurry, and perhaps lives under a greater strain than his brother beyond the sea. He may have a nervous manner, but this is not nervousness in the sense of nervous disease. He shows fewer signs of nervous degeneracy and is less frequently a victim of severe nervous disease. Is there not, then, good reason to ask whether, on the whole, social conditions are not today more favorable to mental and nervous health than they have ever been before?—*Med. Record.*

That good friend of homœopathy, Dr. V. C. Vaughn, dean of the old school department U. of M., has endeavored to keep up his persecution of the homœopathic students at Ann Arbor, who are unfortunate enough to fall into his clutches. With that ultimate success remains to be seen.

THIRD ANNUAL CONFERENCE OF MICHIGAN HEALTH OFFICERS.

HELD AT ANN ARBOR, JULY 16-17.

The opening paper was by Dr. Frederick G. Novy, on "Toxines and Anti-Toxines." He brought out that it has been established that the poisonous elements in bacteria are not ptomaines or proteids. Speaking directly to his subject he said that we can tell no end of things about what toxines and anti-toxines will do, but as yet we do not really know what they are, or what are their natures. However, he did deny that the counteracting effect of anti-toxine is because they neutralize the toxines. It is not certain what they are, but they are not neutralizers.

Dr. V. C. Vaughn, Ann Arbor, presented the subject of "Bacterial Poisons in Milk and Milk Products."

He said: "I have made the remark before that milk is one of the deadliest poisons. About one-eighth of all the children born die before they reach the age of 5 as the result of drinking impure milk. Impure milk is of two classes—that which comes impure from the cow and that in which impure germs are formed afterwards. The healthy cow gives milk absolutely free from germs. It is the same with milk of the perfectly healthy mother. This is chiefly the reason why children fed exclusively by the mother do not have those fatal diarrheal diseases.

Milk should be cooled to 60 degrees, if not sterilized at once, in two or three hours the poisonous germs could be developed to a point at which sterilization did not kill them.

"Furthermore I want to make a plea for thorough cleanliness. If the receptacles for milk are not sterilized, at least let them be clean. The cows udders should be washed, and I am of the opinion, too, that it does no harm for the milkers' hands to be washed once in a while. We don't appreciate the importance of this subject, or we would take more active measures to prevent the conditions which cause us to feed to our babes dis-

Digitized by Google

ease and death. I regard sterilization of milk as imperative for those infants that have to be fed artificially. In the New York Founding Hospital 50 children out of 100 are being raised since they began sterilization, where before but 20 out of 100 used to be raised."

Health Officer Duffield, of Detroit, spoke of the treatment of the milk supplies of large cities. He described the methods employed in Detroit to secure a pure milk product as far as possible under the present laws and desired not only that there should be a return to the old standard, but that a test should be established that would require milk to contain 3½ per cent. fat, and 12½ per cent of other solids.

In his paper on "Sterilization and Pasteurization of Milk," Prof. Clinton D. Smith, of the Agricultural College, treated quite fully, of tuberculosis in cattle, and said that it has been fully demonstrated that the bacteria of consumption can be transferred in milk, and that the disease can thus be developed. As a result of his experiments he felt practically certain that milk can be pasteurized in 20 minutes heating at 155° Fahrenheit, so that all germs of tuberculosis, typhoid fever and all other principal diseases can be killed. Making the subject practical, he said that it is easy to recommend many things about the milk supply, but under the present circumstances it is impossible to carry them out. One of these is the pasteurization of milk in large quantities in cities, and for the present at least it will be necessary for the milk to be sterilized in the different households."

Hon. Aaron McAlvay, of Manistee, favored the state inspection of dairies and a uniform standard.

Prof. J. C. Kowlton said the trouble was not with the laws but with the means of enforcing them.

Dr. Henry B. Baker, of Lansing, secretary of the state board of health, then read a paper on "Infantile Mortality and its Basis." After presenting a chart showing the present comparative mortality of children under one year of age so far as the present means of getting statistics will show, he said that in the New England states, for the five years from 1881 to 1886, the death rate of children under 5 years of age was 35 per cent. To ignorance of the laws of health must be ascribed the greater part of these deaths, for we find a much lower death rate among the higher classes, and in one state it was found that the mortality among infants was in direct proportion to illiteracy among the population. Of the highest importance it is that the girls, the mothers of the next generation, should be educated along these lines.

Dr. Baker recommended the appointment of a committee to petition the legislature to furnish the necessary funds for the introduction of sanitary instruction in public schools.

In this connection Dr. Wilbur, of Detroit, brought up the present system of registration of births and of mortality statistics in Michigan, and said that under it it is impossible to make accurate statements of the death rate, etc. He therefore presented resolutions calling for the appointment of a committee to push forward in the next legislature a new law of registration of births and deaths. These were passed.

The second day's session was given over entirely to the discussion of diphtheria.

The first subject was "Causation of Diphtheria," by Prof. F. G. Novey, of the university medical department. He went fully into the discussion of the germs that cause diphtheria, and showed by statistics that about 75 per cent. of the cases classified as diphtheria are caused by the Leoffler bacillus. These, he said, are the cases of real diphtheria; all other cases, those caused by the other bacilli, are cases of pseudo-diphtheria. These cases of false diphtheria, he stated, do not seem to be affected much by the antitoxin treatment, whereas in the Paris hospitals it has been found that the number of deaths among patients down with the real diphtheria has been by the antitoxin treatment 26 per cent.

"Practical Restriction of Diphtheria in

Digitized by Google

Cities" was discussed informally by Dr. A. D. Hagadorn, health officer, of Lansing. His talk brought up the subject of placarding houses for diphtheria. Dr. Hagadorn thought that too much precaution could not be taken and that all suspicious cases should be placarded. "Doubtful cases should be dealt with as promptly and as rigidly as cases where diphtheria is known to be certainly present. And I agree with the statement that the quarantine is not maintained long enough, for it has been shown that the germ may be communicated for some days after the patient is pronounced to be entirely recovered. I do not believe that the burning of sulphur will destroy the germs in a sick room. All the furniture in the room should be cleaned with a preparation of the bichloride of mercury. And we doctors should be more careful, too, about disinfecting ourselves with this bichloride after leaving the room."

Dr. Crane, of Kalamazoo, brought up the point that the cases of false diphtheria are not dangerous and that it was a hardship for whole families to be quarantined because of them. Secretary Baker replied that such houses should be placarded under the law which requires placarding for "dangerous communicable diseases."

He pointed to some statistics presented by Dr. Hovey showing that in one city 9 per cent. of such cases proved fatal, and said that this was enough. In summing up the discussion Dr. Vaughn said that his experience had inclined him to the contrary belief. And as there is not enough danger of communication of false diphtheria, he did not think that quarantine should be maintained. However, as in but few cities of the state are there facilities at hand for the microscopical test to tell what are the germs present, he thought the dispute would adjust itself, because the symptoms both of real and false diphtheria would cause the house to be placarded anyway. He urged the building of isolation hospitals to which all suspected cases could be removed immediately.

Prof. Delos Fall, of Albion, a member of the state board of health, uttered a protest against lifting the quarantine too soon in cases of diphtheria and against ceasing to follow out strictly as before the old methods of prevention because of enthusiasm over the anti-toxin treatment.

Dr. A. W. Crane read a paper upon "Bacteriological Diagnosis of Diphtheria and Other Infectious Diseases." His paper was technical and described the different tests. He believed that every city of 3,000 inhabitants should have a bacteriological laboratory.

At this point there was a little side issue on typhoid fever, the question being to decide as to whether there is any certain method of discriminating between the germs of real typhoid fever and the germs closely similar to these. Dr. Vaughn spoke at some length of the variations in the growth of these germs and said that the *bacteriological diagnosis does not so far positively determine as to the presence of typhoid fever.*

Dr. Chas. McClinock described the preparation of antitoxin and said that the idea that it was anti toxic was wrong. It sets up a reaction and the system destroyed the germs.

Dr. J. H. Kellogg of the Battle Creek Sanitarium read a paper on "Some Results Obtained by the use of Antitoxin." Going at some length into the statistics of the subject, he showed that the results were somewhat conflicting, but nevertheless he thought that the employment of the antitoxin treatment brought about a reduction in cases of mortality.

The last subject set for conference was "The Restriction of Diphtheria by Isolation and Disinfection," no paper being presented on it, but the discussion being opened by Secretary H. B. Baker, of Lansing. Like Dr. Kellogg, he believes that the thing for health officers and physicians to do is more to labor for preventing than for cures. By the diagram he presented it appeared that four-fifths of the cases of diphtheria are

Digitized by Google

caused by the lack of proper isolation, disinfection, etc.—that is are the direct results of contagion.

At the close of the conference resolutions were passed calling upon the next legislature to provide a law requiring immediate and more strict registration of births and deaths, and also that funds be provided further for carrying on the work of sanitary education that has been begun in the schools, in accordance with the law of 1895, for whose enforcement no appropriation was provided.

SOME STATISTICS GIVEN BY DR. JOHN P. SUTHERLAND, OF BOSTON

IN HIS "THIRD CENTENNIAL ADDRESS BEFORE THE AMERICAN INSTITUTE,"

Showing comparative efficacy of homœopathy and allopathy in state insane asylums in Massachusetts. The Westboro Homœopathic vs. four other allopathic asylums.

	Total admitted in '95.	Curable.	Cured.	
Westboro	254	63	48	76%
Other four	1491	458	128	28%

CURABLE CASES IN LAST SIX YEARS.

	Admitted.	Cured.	
Westboro	598	388	64¼%
Other four	2667	787	29½%

RELAPSES.

	Total admitted in 9 years.	Relapsing cases readmitted.	
Westboro	2,793	130	4¾%
Other four	10,019	772	7$\frac{7}{10}$%

STATISTICS OF TYPHOID FEVER IN AUSTRALIAN HOSPITALS.

	Years.	Cases.	Deaths.	Mortality per cent.
Homoeop	5	977	68	6.96%
Melbourne	5	1,103	215	19.49
Alfred	5	981	108	11.41
Brisbane	8	1,913	128	6.69
Adelaide	5	603	91	15.09
Ballarat	6	424	40	9.43
Bendigo	4	168	23	13.69
Prince Alfred	8	1,163	189	16.25
Coast Horp	8	1,642	177	19.78
Total minus homœop.	7,997	971		12.14

An average mortality of 12.14 per cent., against 6.96 at the Melbourne Homœopathic.

DETROIT HOMŒOPATHIC PRACTITIONERS' SOCIETY.

At the regular meeting of the Homœopathic Practitioners' Society, July 16, in Grace hospital, a communication was read from the Detroit, Belle Isle & Windsor Ferry Co., relative to tobacco smoking and spitting on their boats. It is addressed to Dr. R. Milton Richards, secretary of the society and reads as follows:

"Dear Sir—Replying to yours of the 5th inst., we beg to say that we have always objected to smoking on our boats, and in order to make the public desist, have placed prominent signs on both the Pleasure and Promise, as well as provided very elegant smoking quarters on these boats, since their coming out; but even with all this we have been unable to put a stop to the nuisance that is so common in nearly all passenger boats. * * * * * * We shall endeavor to correct the matter, and in the meantime we thank you most kindly for your suggestion."

The board of health in reply to a resolution of the society asking the board's co-operation in securing the passage of an ordinance prohibiting spitting in street cars, public halls and other public places, informed the society that the resolutions had been forwarded to the state board of health.

There were elected to membership in the society: B. H. Lawson, S. J. Henderson and W. R. McLaren of Detroit; and Geo. P. Maxwell of Wyandotte. An application for membership from Dr. J. A. Lenfesty, of Mt. Clemens.

Dr. Knight spoke in favor of the members joining the Michigan Medical Legislation League, while Dr. Richards suggested that an effort be made by the society to have current homœopathic literature on file at the public library. Upon motion it was decided to request the publishers of the various homœopathic journals to contribute copies of their publications regularly, providing the library officials will bind them when volumes are completed.

Digitized by Google

Dr. R. H. Stevens, the retiring secretary, was presented with a handsome cut glass water bottle by Dr. Orleman in behalf of the society.

A paper was read by Dr. N. L. Sage upon "*Typhoid Fever*" detailing his experiences with the disease and the remedies of most service. In the general discussion that followed a number of physicians testified to the benefit in severe cases following the administration of "Lachesis." Dr. Stevens reported in detail a case with a very high temperature which we will publish in full later on.

Dr. S. H. Knight read a paper upon the somewhat rare disease, "*Landry's Paralysis*," reporting at length a case from private practice.

Detroit Not in It.

On July 27 the Supreme Court of Michigan handed down a unanimous decision, denying the mandamus by which the homœopathic profession sought to compel the regents to remove the homœopathic department from Ann Arbor to Detroit. Thus is settled for the time being a question which has been a burning issue in Michigan for the last two years. The grounds for the decision are given somewhat at length in the daily papers.

"The causes leading up to the creation of the board of regents and taking the university out from under the control of the legislature are mentioned in the rather extended opinion by Justice Grant. It is said that obviously, it was not the intention of the framers of the constitution to take away from the people the government of the university. On the contrary there was provided for its management and control a body of eight men elected by the people at large. For forty-three years the regents have exercised such control and openly asserted their right to do so. It is said that the courts have refused to compel them to comply with the acts of the legislature, holding that they are a constitutional body upon whom it is conferred the exclusive control of the institution.

It is said: "In the face of these facts, this court is now asked to hold that the regents are mere ministerial officers, endowed with the sole power to register the will of the legislature and to supervise such branches and departments as any legislature may see fit to provide for. By the power claimed, the legislature may completely dismember the university and remove every vestige of it from the city of Ann Arbor. It is no argument to say that there is no danger of such a result. The question is one of power, and who shall say that such a result may not follow? The legislature did once enact that there should be a branch of the university in every judical district. Under this power the legislature could remove the law department from the university at Ann Arbor to Detroit and to provide that the law library to which one citizen of Michigan has donated $20,000 could also be removed. What permanency would there be in an institution thus subject to the caprice and will of every legislature?"

It is said that the act renders nugatory the express provisions of the constitution that the regents shall have the direction and control of all expenditures from the university interest fund, and it is held to be significant that at the time of the adoption of the constitution this fund constituted almost the sole support of the university.

"The board of regents and the legislature," the opinion reads, "derive their power from the same supreme authority—the constitution. They are separate and distinct constitutional bodies with the powers of the regents defined. By no rule of construction can it be held that either can encroach upon the other. The board of regents is the only corporation provided for in the constitution whose powers are defined therein. In every other corporation provided for in the constitution it is expressly provided that its powers shall be such as the legislature shall give."

Digitized by Google

"It is held in conclusion that no other finding is possible than that the intention was to place the university in the direct and exclusive control of the people themselves through a constitutional body elected by them, and that the homœopathic college removal act of the legislature in question is without force or effect upon them."

Attorney Fred A. Baker counsel for the profession said:

"Of course, I don't agree with the decision. I was on the other side of the case. But the supreme court and the regents of the university are merely inviting an attack by the legislature. That decision is like shaking a red rag in front of a bull. The legislature holds the purse strings and the result will be that no money for the support of the university will be forthcoming unless the regents bow to the will of the people. Every appropriation will have a condition attached to it and, in my opinion, one of the first conditions will be the removal of the homœopathic school to Detroit. Then what will the regents do? It will be necessary to establish a rival school in Detroit with a view to running the state institution out. The legislature will look out for that."

"The invalidating of the act of the legislature authorizing the removal of the homœopathic department of the university from Ann Arbor to Detroit is discouraging news to the enthusiastic friends of the school in this city who have labored zealously for the removal and planned to put the institution on a footing which, they feel confident, it will never realize at Ann Arbor.

"Considering the proposed removal with reference to its effect on the university, as the court doubtless did, it is easy to understand the line of reasoning that lead to a decision in favor of the institution. Technically, the determination may be sound but from the standpoint of the department the result is most unfortunate. Its removal to Detroit would be in line with the enlightened policy of locating medical colleges in the large cities where the clinical advantages are superior, and the school would be built up and developed in Detroit by earnest supporters and a strong local pride in a way that would secure for it a high rank where now it is overshadowed by a department patronized by the allopaths.

"It is a fair conclusion that the decision is a good thing for the university but unfortunate for the homœopathic department."—*Free Press.*

"The issue was drawn by the action of the regents in refusing to recognize the law by which the removal was decreed, and there was nothing for the court to do but recognize the plain facts. Whether the regents did the wise thing in defying the legislature, inasmuch as the legislature controls the revenues of the university, is quite another matter."—*Tribune.*

Dr. T. P. Wilson of Cleveland, Ohio, well known to the homœopathic profession met with a very serious accident on July 22. Dr. Wilson fell from a bicycle striking upon his hip and head. The result of the fall was an intracapsular fracture of the femur and a severe injury to the head. The Doctor suffered a partial paralysis of one side which has since nearly disappeared and he has been more or less delirious. Altogether his physicians and family feel that he is very seriously injured and have grave doubts of his recovery.

Dr. Sarah Gaston has removed her office to 549 14th Ave.; office hours. 8–10 a. m., 1–3 p. m., and 7–8 p. m.; telephone 4257.

Dr. Samuel Sexton, the well known author and specialist on diseases of the ear, died at his home in New York City, July 11th, 1896.

Read our diphtheria circular. Fill out the blanks and send us in an account of all your cases at your earliest convenience.

Digitized by Google

THE MEDICAL COUNSELOR.

A MONTHLY JOURNAL OF HOMŒOPATHY AND COLLATERAL SCIENCES.

OLD SERIES, VOL. XV.
NEW SERIES, VOL. I.

DETROIT, SEPTEMBER, 1896.

NO. IX.

ERYSIPELAS.

BY B. H. LAWSON, M. D.

Read before the Detroit Homœopath. Practitioners Society.

True exenthematic erysipelas dates back to Hippocrates.

It was then known as "ignis sacer," St. Anthony's fire in Scotland, and in Germany it is known as the "Rose."

Thomas says of contagion, that the word comes from contingo, to touch, to affect; that it means the communication of a disease by contact, or by inhaling the effluvia from one already affected; and is often used as synonymous with infection.

Erysipelas is in this manner contagious or infectious as you please.

Opinions have greatly differed as to just what should be under the several names given above.

In France, and also in England, physicians have been anxious to separate the cases seen in a surgical practice—those that attack the body or any part of it after injuries—from erysipelas of the face and head, especially. And more especially where transmutation is not a factor.

The celebrated Sir Thomas Watson strongly supports the separation theory, and does it with a forcible presentation of data that seem quite unanswerable. This matter we leave for you to look up at your leisure.

We should very carefully differentiate erysipelas from erythema, which is, strictly speaking, a superficial inflammation of the skin, while erysipelas affects the cellular tissue. It is a disease of the blood, and should be classed with the eruptive fevers, instead of with the skin diseases. At least, that is the opinion of many excellent observers, and I believe they are correct.

Many English surgeons call all forms of spreading inflammations "erysipelatous."

To this the Germans object, Volkman and Bilroth especially. They will not allow us to use the name "phlegmonous erysipelas" in cases of suppuration attended with intense redness of the skin and affecting equally the subcutaneous and intermuscular tissues.

Erysipelas, as before stated, is contagious by contact—that is, by inhalation of the effluvia that always emanates from one affected.

This fact is too well established to require the citation of authorities in proof on this occasion.

I will simply illustrate by one citation: A celebrated surgeon had under his care a case of erysipelas; the surgeon contracted the disease a medical friend visited the surgeon and on his return home, where no case of the disease had existed, he fell ill with the disease. A member of his family was in turn attacked. A friend came in to see the doctor, and he, with his wife, and several other members of his family, who were in contact with the sick doctor, were in turn attacked. My own experience fully confirms the position here taken. —The Case of Holdridge.

The weight of authority, I think, clearly establishes the fact that the disease is specific. It always depends upon the entrance into the system of a definite virus from without, which is the same in form as the exanthamatous diseases scarlatina and measles.

It is not numbers in contact that generate erysipelas.

The crowding together of many persons, as in overcrowded hospitals, is not a cause of this disease.

It may be epidemic, however, in one ward of a hospital, or it may extend through several wards and not through all.

My argument seems to require a source of supply. Whence comes the germ? is the question. You cannot infect without an agent.

Dr. Konig, of Rostock, in the Archives for 1890, says: In the hospital of that town an epidemic of erysipelas was clearly traced to the cushion of an operating table. Said cushion had become discolored from dried blood,

Digitized by Google

from patients there operated upon. In proof, it appeared that immediately the cushion was removed from the table, no fresh cases occurred. Further, the cushion was then soaked in water, with which rabbits were inoculated, and an affection resembling erysipelas resulted. Moral: Look well to your tables.

The question of its specific character I will admit is disputed by very respectable authorities.

Dr. Hutchinson and other equally famous English physicians considered it as belonging to what they call contagious inflammations, and they hold that it may be set up by a simple draft of cold air striking upon a heated skin, or by grossness in diet.

This theory I doubt, unless they admit that the germ exists in the system in a latent form at the time of exposure to the cold draft, etc.

Erysipelas of the face or head may start from a point upon what seems to be an unbroken skin, and independent of any wound, or it may start from a slight breach of surface, as a pimple which may have been scratched, or from what at first was but a slight eczematous patch on the nose; or the eczema may manifest itself first within the nose upon the mucus surface and later appear upon the surface fully developed erysipelas.

A physician attending a puerperal case may become affected with facial erysipelas. Volkman says this often occurs.

And yet this is somewhat striking from the fact that contagiousness of erysipelas is far less positive than in many other absolutely specific maladies.

So much for that side of the question.

We now turn to a large number of observers and find that their contention is that in the majority of cases the cause is traceable to injury, while in the remainder the Scotch verdict applies, "not proven," or, in other words, no cause can be found.

Our conclusion must then be, as I see it, that the virus finds its way to the spot which is to become the seat of the infection, but just how is not settled. It gets there.

As there is complete lack of symmetry in the appearance of the cutaneous derangements, it seems to me that we have a strong argument that our premises as claimed are correct.

The period of incubation can never, for reasons already stated, be exactly determined. Approximately, I will say, from 1 to 6 days is a safe limit.

Erysipelas of the face is often preceded by pain, and perhaps tenderness and swelling of the cervical glands, or the glands may not become affected until after the disease has located in the face.

In many instances no soreness of the glands is noticed.

In this case it is probable that the lymphatics carry off the effused matters as fast as they form.

The premonitory symptoms may be chilliness, weakness, sleepiness, feels tired, very likely has rapid pulse, nausea, vomiting and not seldom diarrhoea and sore throat.

Trousseau claims that the disease as manifested in the face, often starts from the mucous membrane of the palate and fauces, and reaches the skin by passing outward through the nostrils.

This might occur, and would very plausibly account for the swelling of the lymph glands.

I leave this part of the matter with you, expecting that you will settle it each for himself.

The invasion of erysipelas is usually sudden, notwithstanding what I have said about incubation, the first symptom being a rigor, or instead a feeling of malaise; generally with a dry skin, and perhaps a headache, a stiffness of the skin upon the cheek or side of the nose, a slight dusky redness, with or without apparent swelling for the moment. This, however, soon follows.

The part affected may tingle, or it may burn, or both, or neither.

The only sensation may be itching. Soon the color will change to a crimson blush, which under pressure fades, but to return as soon as pressure is removed.

The temperature usually rises to 104 degrees within 12 hours, and within 72 hours it reaches its acme, which may be 106 degrees.

All of the foregoing symptoms and descriptions contemplate a smooth skin, which may

Digitized by Google

be, and frequently is, changed to a viscular one.

In this case, the first symptom erysipelatic will be a bleb, or several of them. However, to us this condition is a matter of remedy only, as a rule.

The disease usually spreads for three or four days. Perhaps it will cover the whole face and a part or all of the scalp, usually going from left to right (Lach), or right to left (Lyc). It may reach one ear, and after you feel sure that the disease is subsiding, attack the other ear.

During its advance the affected part presents a well defined border, the subcutaneous tissues being easily felt with the hand.

The arteries and veins can be readily distinguished on account of the pressure upon them.

The swelling and discoloration gradually fades off into the normal condition.

The swelling about the eyes is usually extensive, often closing them entirely.

The ears become greatly thickened and oedematous at times.

Between the loss of sight and the size of the ears the patient becomes an unfit subject for the photographer.

As a rule, the chin is not affected. This allows scope for jaw, which the victim usually uses to some advantage.

Erysipelas commencing in the face rarely goes to the chest, body or limb.

Yet it may cover the whole person.

German doctors say that erysipelas never occurs in two or more places at a distance from each other, except that in case of double amputations both stumps might be affected.

The pulse is usually soft, quick, feeble.

During the height of the fever, delirium, especially at night.

Headache, backache and sleeplessness are common symptoms.

Appetite poor, thirst usually great.

Stomach disordered, bowels may be loose with offensive stools.

Urine scanty and high colored; it may contain albumen, blood and casts.

Altogether the patient feels sick.

There is no absolute limit to its duration, though I think from six to fourteen days is as near as it should be put. Then if the simillimum is found we shall be likely to establish convalescence on about the sixth day and be able to discharge the patient on the tenth.

The subsidence is usually rapid. The skin becomes pale, shriveled, flaccid, and finally desquamation.

If the scalp is affected the hair comes out generally, and as generally is replaced.

Sequellae, in the form of abscesses, may and often does follow, especially in badly treated cases.

The disease may end fatally, especially where the patient has been intemperate, has or has had disease of the kidneys, or is in any way broken in health.

In cases ending fatally the temperature goes very high, and may continue to rise for a short time after death.

In facial erysipelas we are always anxious to prevent its invasion of the scalp, for this reason, the more the scalp is affected the more danger there seems to be of cerebral complications, although post-mortem does not as a rule show the membranes to have been inflamed.

The real cause of death seems to be the excessive temperature, the life is simply burned out; or the cause of death may be pleurisy, pneumonia or peritonitis.

Having had the disease once does not, as with smallpox, protect from other attacks.

Indeed, some women expect an attack once a year and get it. Every new attack increases the liability to another one.

The diagnosis is usually easy.

Erythema being the only competitor for recognition, unless we include zoster of the face and forehead.

The prognosis is bad, as above stated, among the intemperate and the broken down and among old people and infants.

The old school would give steel in one drachm to two drachm doses daily, or quinine or turpentine, commencing the case with an emetic, if very regular.

Locally they would use arg. nit. and iron and iodine.

Phlegmonous erysipelas is a serious malady. Here we have the formation of pus in submucus and areolar tissue in the limbs and

Digitized by Google

intermuscular planes.

This form is often connected with grave cases of blood-poisoning, and requires the indicated remedy at once, together with the most nutritious diet possible, if you would save the case. It occurs at from puberty to 60 generally. Traumatic cases occur at any time. How treat it—by the indicated remedy:

Am. carb., ars., apis., bell, c. v.,—in old people,—or *lach.*,—*merc., hep., lyc., graph.* While swelling lasts stick to the remedy.

THE STATE CONTROL OF SANITATION.

By Rollin H. Stevens, M. D., Detroit, Mich.

Read before the American Institute of Homœopathy at Detroit.

Men have long sought for the "Philosopher's Stone" and the "Elixir of Life," which would give them long life and perpetual youth; but their search has always been in vain. We have always had old age and death, disease and suffering, and we probably always shall have them; but the signs of the times point to less and less of illness and pain, and there may yet come an epoch in the history of the world, when death will only come as the result of accident or old age, when disease will have no meaning to mankind. That epoch, however, should it ever come, will be a long way in the future; but we take much courage when we learn from Secretary Baker, of the Michigan State Board of Health, that that board is saving every day of its existence three lives from the ravages of three contagious diseases, and that the relative number of cases of sickness from these diseases is decreasing very materially every year. This is due to the work of the State Board of Health in educating the people, and organizing and assisting local boards of health to enforce rules and regulations where advice and education are insufficient. Some one has well said that organization is the life of (sanitary) progress.

Men are now beginning to understand that the prevention of disease is of far more importance to the health and happiness than the everlasting dosing for ills real or imaginary. They are beginning to realize the force of Charles Dickens' remark, that "it concerns a man more to know the risk of the fifty illnesses that may throw him on his back than the possible date of the one death that must come. We must have a list of the killed and of the wounded, too."

Heretofore the government has expended large sums annually in maintaining life-saving stations all along our coasts—a very worthy object—but the number of lives saved by these stations is very insignificant when compared with the work of a good State Board of Health, and yet some of the States have no State Board of Health, while many of those that have are continually crippling them by insufficient appropriations, or threatening them with abolition.

Many unscrupulous or ignorant politicians do not care enough or know enough to appreciate the actual value in dollars and cents of the work accomplished by sanitarians, to say nothing of the great saving of suffering and of human life. Such is the case in New York, where the Legislature, at its last session, refused to make any appropriation for continuing the work of dairy inspection and the stamping out of tuberculosis in cattle. Georgia has a law creating a Board of Health, but the politicians will give them no appropriation, consequently there is no Board of Health.

All the States except Georgia, Idaho, Montana, Oregon and Wyoming now have State health service. Of these all have State health boards except Alabama, Dakota and Texas. Alabama has a State Health Officer, the State Medical Association constituting the State Board of Health. Dakota and Texas have only State Health Officers.

Every Province in Canada, and every State in the Republic of Mexico, has a health board; and every Province and State in Canada, Mexico and the United States has provision for a local health board. Under their persistent and scientific administration we have noted the marked decline in the death-rate and positive increase of the longevity of the race.

The following is a brief summary of the work done by some of the State Boards:

Digitized by Google

The New Hampshire Board has given considerable attention to public and private water supplies; to the sanitation and fire-escapes of summer resorts and boarding houses. It constitutes a State Board of Commissioners of Lunacy. It has charge of the registration of vital statistics, and in its annual report publishes papers of universal interest to the people of the state on matters of sanitation. The State Board of Cattle Commissioners has been trying to suppress bovine tuberculosis.

The system of sanitary administration in Connecticut consists of: First—The State Board of Health, as the highest sanitary authority, whose functions are advisory.

Second—The County Health Officers, who appoint the Town Health Officers and have supervision of all local officials of towns and cities, and who have the power of a grand juror, and are authorized to enforce the laws.

Third—The Local Health Officers, who enact and administer the sanitary laws in their respective localities.

The results have been very satisfactory as the Town Health Officers have a great deal of influence, when backed by legal advice and state authority. They have organized a conference and adopted a uniform code of sanitary regulations. Thus sanitary administration in Connecticut is systematized.

The Massachusetts Board was established through the work of a woman, Mrs. Dr. Plunkett a prominent sanitarian in the east. It has a large appropriation and devotes considerable time to the consideration of water supply and sewage. At Lawrence is an experiment station for the filtration of water. The board has also worked on the purification of sewage, because the water supply from large rivers is polluted by sewage above. In its report it gives a statement of bacterial contents of ground waters and of deep wells, the physical and chemical properties of sands, with reference to use as filters. (Michigan pays little attention to water supply and filtration, except to give advice when asked.) The Massachusetts Board has a laboratory in the State House for the analysis of foods and drugs, and last year established a laboratory for preparing antitoxin; no report yet. It also devotes a large amount of time to vital statistics.

The work of the New York Board is very similar to that of the Massachusetts Board. It has examined many herds of cattle with tuberculin. (In Michigan this is done by the State Live Stock Commission.) There is no regular appropriation for this work in Michigan, but the bills are audited by the State Auditors.

Ohio has annual meetings of all health officials of the State. The Board has charge of approving all public water supplies and all systems of sewerage with respect to outlets. From January, 1888, to April, 1894, it published a monthly bulletin.

In Illinois the State Board of Health attends largely to the regulation of the practice of medicine. It has copied after Michigan slightly, though imperfectly, in contagious disease work.

California holds annual State sanitary conventions. The board sends circulars to all school teachers, giving rules for the care of school grounds, water supply, school rooms, urinals, contagious diseases, etc.

As Michigan is one of the pioneers in health work, and has perhaps done more than any of the other States in a general way to improve the sanitation of the State, a brief resume of its history and of the work accomplished may not be devoid of interest.

Doubtless much of the efficiency of the Michigan Board is due to the fact that, unlike the boards of many of the other States, it has suffered few changes in its chief officials, Dr. Baker, our very capable secretary, having held that position since the organization of the board.

The Michigan State Board was established in 1873. It is composed of six members without salary, and a salaried secretary, two members being appointed every two years by the Governor and confirmed by the Legislature. It meets quarterly, and also holds many special meetings. The board has little power conferred upon it except to quarantine at ports and appoint boards of inspection. Otherwise its powers are mostly advisory. The salary of the secretary, the executive officer of the board, is $6,000. The total expense

Digitized by Google

of the board for stationery, supplies, printing and clerks is about $20,000.

The work of the board has consisted in the gathering of important facts and statistics from local boards, the organization and assistance of local boards (of which there are now over 150,000 active in health work in the States), the education of the people in matters of sanitation by the distribution of pamphlets and by means of sanitary conventions, and in the prevention of the spread of contagious diseases.

Perhaps the best system of sickness statistics in the world has been built up by the Michigan Board, and the information gleaned from these statistics is very valuable. It will in the future, if adopted in all the States in this country and collected in a central national or international body, yield the most reliable data regarding the prevention of disease that we can now hope for. The plan of collecting them is by supplying a number of prominent physicians in every part of the State with postal cards directed to the secretary of the State Board. On these cards is a list of the most common diseases, with spaces opposite the name of each disease where the "order of prevalence" and the number of cases may be mentioned. The physician is expected to fill out one of these cards at the end of each week and mail it to the secretary.

Other blank forms for final reports are sent to the physicians whenever, by official reports, newspaper items, or other sources communicable diseases are learned to exist in any part of the State; special blanks being sent for consumption, small-pox, and typhoid fever.

During an outbreak of a communicable disease special weekly reports are required.

By this system, though the exact number of cases may not be learned, the average number in a given time is found, together with the proportionate increase or decrease of the disease and most important of all the comparison of the increase or decrease in the number of certain diseases with the tri-daily record of the meteorological conditions. And though this method might seem at first glance to be too inaccurate to be of value, yet it is found that during the twenty years in which this system has been in operation there has been a constant variation in accordance with the meteorological changes. By this method it is learned that the number of cases of pneumonia increases almost exactly with the decrease of temperature, and that atmospheric conditions are the controlling causes of most of the important diseases. The migratory birds have and act upon such knowledge. May we not hope that when a better system of sickness statistics has been established throughout the country, with our modern facilities for traveling that man with his boasted learning may, in some measure, attain to the ancient wisdom of the birds.

Secretary Baker, in his reports, shows by statistics gathered that four-fifths of the cases of diphtheria and scarlet fever and the deaths therefrom are prevented by means of isolation and strict quarantine, and by the education of the people. As soon as the secretary learns of the occurrence of dangerous, communicable disease, record is made in a special book, directions are sent to the Health Officer as to the restriction of the disease, and pamphlets on the subject are sent to the neighbors of the stricken family. At such time, more than at any other, people will learn and heed means for the prevention of the spread of such diseases. The result has been to materially lessen the ravages of these diseases, to increase confidence in the State Board of Health, and through enlightened public sentiment to make the work of the local Health Officer much more effective.

The record shows the saving of 100 lives a year from small-pox, 400 from scarlet fever, and 600 from diphtheria—a total of 1,100 lives a year. This can be actually figured out in dollars and cents. Estimating each life at only $500.00, one-half the value of an adult slave $40.00 as an expense of each funeral, and $20.00 as an expense of each case of sickness, then the actual expense saved to the State by the prevention of the death of these 1,100 persons is $616,000.00 in return for the $20,000.00 expended by the State Board. Nor does this include the money saved by the prevention of thousands of cases of sickness.

Another valuable means of educating the people has been by holding Sanitary Conven-

Digitized by Google

tions in various parts of the State as requested by the citizens. Forty-three of these conventions have been held. Papers of both local and general interest are presented; and after each convention there has been noted a marked increase of interest in sanitary work in that section of the state.

Still another plan for educating the people has been in operation during the last year. Some 200,000 sets of pamphlets were distributed among all the teachers of the State. Each teacher is required to instruct the pupils under his or her charge regarding the dangers of communicable diseases, their modes of infection and prevention.

In 1893 the Michigan Board took the lead, putting consumption on the list of dangerous communicable diseases, and endeavored to limit its ravages by means of the following measures. Physicians are requested to report all cases of consumption coming under their observation. The Board then sends leaflets to the patient and neighbors, setting forth the danger of contagion and stating that the chief source of infection is in the sputum, which becomes dry, pulverized, and then carried about in the air as dust for the susceptible, unsuspecting victim to take into his lungs, stomach or some abrasion on his person, thus starting tuberculosis. Patients are instructed by means of these leaflets how to take care of the sputum and how otherwise to prevent the spread of the disease.

It is to soon to see any great results from this method of preventing consumption. The educational effects, however, cannot but be of great value, because, in order to inaugurate any great reform, it is necessary to enlist the interest and sympathies of the people. Too little of that is done by the profession. I say it is our duty as physicians to keep the people constantly informed on all measures of sanitation, and we must secure their co-operation if we would banish disease from our homes.

Consumption, according to statistics, is constantly on the increase. More deaths occur annually in Michigan from this dread disease than from any other. From its chronic nature it causes the most suffering. and it certainly can be prevented. Why then do we not prevent it? Let every State Board in the Union follow the example set by Michigan, and send out leaflets where they will be read with interest, because of the prevalence of the disease. Thus the people will be educated to the dangers and to the means of its prevention.

Let every State go still further and prohibit that most disgusting and most dangerous of all habits—the spitting nuisance. Already New York and St. Louis are taking steps to prevent this nuisance in public places, and it is high time that laws were enacted in every State which would make the practice a criminal offense. Not only is consumption spread in this way, but so are also other dangerous communicable diseases, diphtheria, scarlet fever and possibly pneumonia and influenza.

Spitting is only a habit, and it is unnecessary, as is evidenced by the large number of men and women who do not spit. Our street and railway cars, and other public places, are more like hog-pens than places for ladies and gentlemen; and aside from the danger of disease from infection is the danger of indigestion from the nausea which follows a sojourn in one of those places, where one gets his mouth full of the dried sputum of the last year.

Of the Western States, Ohio and Michigan are the only ones having effective laws prohibiting the adulteration of food and drugs. Michigan has a Dairy and Food Commission, which has supervision of this work, differing from some of the Eastern States in which this work is controlled by the State Board of Health. Inspectors are appointed to visit all parts of the State, and send sealed samples of some of the articles to the State Analyst, Mr. Bossman, at Lansing. Though this present law has been in operation barely one year, the number of adulterated articles has greatly decreased.

Owing to the fact that so large a proportion of the cases of blindness is due to ophthalmia neonatorum, a very important law was passed at the last session of the Legislature. All physicians know too well how insignificant a baby's sore eyes are considered by the average mother, nurse and midwife.

Digitized by Google

The law requires that should one or both eyes of an infant become inflamed or swollen, or reddened, or should any pus or secretion form in the eye or upon the edge of the lids, at any time within two weeks after birth, it shall be the duty of any midwife, nurse or other person having charge of such infant, to report in writing within six hours after discovery of such inflammation such fact to the local health officer, or some legally qualified practitioner of medicine. Any violation is punishable by fine of $100.00 or imprisonment for six months.

The analysis of water is made at the State Laboratory of Hygiene, University of Michigan, which was the first State laboratory of its kind to be established.

Another matter of great importance for State boards to consider is the crime of spreading syphilis among the innocent.

The syphilitic is a constant menace to society. Syphilis counts its victims by thousands where other diseases count hundreds. More deaths are ultimately caused by syphilis than by small-pox while the injury to health and interference with life work is much greater in the former than in the latter. The conclusion is absolute. Syphilis should be placed like other contagious diseases under the control of the health authorities. It is high time to make it as criminal to transmit syphilis wittingly as it is other contagious diseases. It is too late in the history of science and humanity to stigmatize the disease as "venereal," and on that account withhold protection from thousands of innocent sufferers, babies, nursing mothers, persons infected in dental and surgical operations, etc. Tarnowski, of St. Petersburg, says he knew of one syphilitic woman that had contaminated 300 men in less than 10 months. This was only the primary lesson; later effects and the number acquiring it cannot be estimated. Would we allow one small-pox patient to give the disease freely to one-tenth part of 300?

Fournier says 25 per cent of all syphilitic women acquired it in lawful marriage relation, while 75 per cent of married syphilitic women acquired it from the husband. Buckley claims that 50 per cent of all and 85 per cent of married syphilitics acquired it from the husband.

In the United States Army Department of the east, in five years, 1870 to 1874, there were 4.22 cases per 100. In the mercantile marine, in 1872 and 1873, were 3,779 cases, or 15.33 of all sailors treated in hospitals. Dr. Sturgis estimated that in New York 50,000 cases are treated annually.

The late J. Marion Sims in 1876, before the American Medical Association, said: "There can be no difference of opinion among us regarding the two following propositions: First—We want a system of sanitary inspection and control, which will enable us to prevent the importation of syphilis from abroad. Second—We want a system of sanitary inspection and control which will enable us to take charge of the subjects of syphilis at home, and prevent them from spreading it through the community."

The complete eradication of this evil cannot be accomplished at one step, but by a process of evolution.

The first step must be the education of the people to its prevalence and dangers. Every state should require from each applicant for a marriage license a certificate from a regularly appointed physician that he or she has never been the victim of syphilis, either hereditary or acquired. All physicians should be required to keep a record of all such cases treated and report them to the State Board of Health. Whereupon pamphlets should be sent to the patient, giving instructions for the prevention of its spread. Every person who knowingly, either by contact or by carelessness, infected others or allowed them to be infected, should be imprisoned for a long term of years. Thus the keepers of brothels would become responsible for the condition of the inmates.

This matter is of such vital importance, and has afflicted so many hundreds of thousands of the people of all nations for so many centuries, and a matter that is of paramount importance to us as physicians, since each one of us is liable at any moment to become an innocent victim of this dread scourge, that the American Institute of Homoeopathy, leader in medical education, can do no greater service to humanity than to take active meas-

Digitized by Google

ures for the restriction of this most loathesome disease. Let a committee be appointed to gather statistics and data and formulate plans for removing this blot from the page of modern civilization. This accomplished, thousands in future generations will rise up and call us blessed.

A FEW CASES OF MASTOID DISEASE.*

By HAROLD WILSON, M. D., Detroit.

Disease of some portion of the mastoid bone is a frequent complication of suppurative inflammation of the middle-ear. This is readily explained by the direct connection of the tympanum with the mastoid antrum, and through this with the other pneumatic spaces of the mastoid bone. When a suppurative process occurs in the middle-ear, the natural warmth and moisture of the place are very favorable to the growth and multiplication of infective organisms. Owing to the naturally imperfect drainage of the middle-ear, the exit for the eustachian tube lying above the level of its floor, and the tube itself having generally only a potential existence, or being entirely shut off by inflammatory swelling, pus, when it is formed, tends to accumulate within the cavity until perforation of the tympanic membrane occurs, when more or less of it is evacuated. The retention of these purulent products furnishes a base for their extensive distribution to neighboring structures. Through the antrum, infective germs may reach the body of the mastoid itself. By way of the tympanic or mastoid attic, they may reach the brain and its membranes; while through other channels they may extend to the sigmoid sinus, jugular vein and various external tissues.

These complications may give rise to caries and necrosis of the bony structures of the tympanum, the mastoid and petrous portions of the temporal bone; thrombosis of the mastoid or jugular veins or of the sigmoid sinus; lepto-meningitis, abscess of the brain, mastoid periostitis, and superficial abscesses, any or all of which diseases are of a serious order and may easily prove fatal. The importance of a due recognition of these conditions and a knowledge of their appropriate treatment is evident. It is not my intention, however, at this time to discuss their symptomotology or treatment except in relation to a few clinical cases illustrating some of their various phases.

Case 1.—Mrs. S., aged 38, was admitted to the obstetrical ward of the Grace Hospital February 21, 1895, believing herself to be within a week or two of confinement. Some weeks after admission, On March 16, she was seized with a severe pain in the right ear, followed on March 19 by an abundant discharge of purulent matter. I first saw the patient five days after the pain began. The mastoid and the tissues of the neck below the ear were very tender upon pressure, although there was no swelling. The discharge from the external ear was profuse; the pain in the ear and deep in the mastoid was more or less continuous and severe. The frequent use of the hot douche, and the internal use of merc. cor. were prescribed. The patient was also directed to keep the ear continuously warm, either by means of a large cotton compress or a hot-water bag. The subsequent history of the case, in brief, is, that the pain in the ear, and the tenderness upon pressure over the mastoid continued at intervals for four weeks. Finally, upon April 13, capsicum was prescribed. The pain ceased very soon after the first dose, the mastoid tenderness disappeared, and the patient having no further trouble, was confined soon thereafter.

The point of interest in this case is the fact that in the face of indications which would be considered sufficient under ordinary circumstances to warrant a mastoid operation, or a mastoid incision, no operation was made and the patient recovered. Had she not been on the verge of confinement, I presume I should have operated. The relief after the administration of capsicum was marked, and appeared to be due to the remedy. Of this, however, I do not consider the proof certain.

Case II.—Mrs. E. A. D., aet. 22, in about the seventh month of pregnancy, came to see me June 5, 1893, with a history of pain and discharge affecting the right ear, extending over the preceding four or five weeks. She had been under the care of a general practi-

*Mich. Homoeop. Med. Soc.

Digitized by Google

tioner, who had prescribed daily syringing with boracic acid solution. There was a moderately abundant purulent discharge from the ear; the mastoid was red, swollen and tender, giving to the fingers a rather uncertain sense of fluctuation, and the auricle was displaced forward. The temperature was 98.4°. Owing to the patient's condition, conservative measures were at first adopted, and for three days she was treated with the hot douche, cotton compress, and hepar sulph. internally. At the end of this time the diagnosis of abscess over the mastoid was more clear, and there was little or no relief from pain. The patient accordingly went to the Grace Hospital, where under chloroform anaesthesia, an incision was made ¼ in. behind the auricle and parallel to it, about 1¼ in. long. When the soft parts had been thoroughly divided, an abscess was found containing about two drachms of pus. This was evacuated; upon exploring the surface of the mastoid with a probe, a sinus was found leading to the mastoid antrum. This was enlarged with a stiff probe,irrigated with sublimate solution, 1.5000, and packed with sterilized gauze. The subsequent history of the case was uneventful; the wound was dressed at first daily, and subsequently less often, being packed to the bottom with gauze at each dressing. The pain in the ear, which had been a constant symptom up to the time of the operation, ceased at once and did not reappear. The temperature remained during the time she was in the hospital invariably at 98.4°.

This case, like the first one related, was a woman in the latter end of pregnancy, but the symptoms were so urgent that an operation seemed imperative.

Case III.—E. B., aet. 10, January 25, 1889. The patient had had a slight attack of diphtheria a few months before, followed by pain in the left ear, some purulent discharge, and a swelling over the mastoid, which was twice lanced by the attending physician, and a slight flow of scanty pus secured. Since that time there had been a similar discharge, either from the external ear or from the wound over the mastoid. When the discharge came by way of the external ear, there was none from the external opening, and vice versa. Examination of the wound with a probe failed to reveal any opening through the cortex of the mastoid, though it is more probable that such existed. The treatment consisted in irrigating the wound and the external ear with carbolized solution, and in packing the former with cotton. The dressing was at first done every other day. In three months the external wound had healed, the discharge from the ear had ceased, and the patient was discharged cured. About two years after this, March 25, 1892, I was called to see the little patient, who had been having a severe pain in the same ear for several days, with a profuse purulent discharge. The hot douche and hot compresses were ordered, and afforded some relief. The tissues over the mastoid were swollen, and there was tenderness upon deep pressure. The pain and discharge persisting in spite of treatment, on March 27, with the assistance of Dr. R. C. Rudy, the patient was chloroformed and Wilde's incision was made. No pus was found, and the surface of the bone seemed normal. Relief from the pain was marked, and with the continuance of the treatment at first instituted, the patient made a rapid recovery, and was discharged April 15.

Case IV.—B. H., aet. 15. January 26. 1892. Earache, with or without a slight discharge for years. Hearing somewhat impaired. For a few days past, pain and slight discharge from the left ear. The pain in and about the ear was severe and constant. The membrana tympani was dull, reddened and swollen, though not distinctly bulging; a small perforation existed, although my notes do not show its precise location. Without an anaesthetic, the membrane was incised with a paracentesis needle, in its lower posterior quadrant, and the use of the hot douche prescribed. No relief to the pain nor any material increase in the discharge was experienced. The mastoid region now became oedematous and tender, and movements of the head became painful. His bearing became that of a patient with rheumatic stiff neck. A week after the first visit the patient was removed to the Grace Hospital, and under chloroform, Wilde's incision was made, evac-

Digitized by Google

uating a small amount of pus. The mastoid cortex seemed intact. Following the operation the relief from pain was immediate, and the patient was discharged in six days.

Case V.—B. L., aet. 14. December 29, 1894. For four or five weeks the patient had had constant pain in the right ear, sometimes severe, sometimes moderate, with a persistent purulent discharge. The mastoid region was swollen and tender, and the auricle was prominently displaced. Palpation revealed a superficial abscess over the mastoid. December 30 the patient removed to the Grace Hospital, where under chloroform a long incision was made over the mastoid close to the auricle and two to three drachms of pus evacuated. A large sinus was discovered leading from the bottom of the wound to the mastoid antrum. The track of the sinus and the antrum was curretted, irrigated with sublimate 1:5000, and packed with sublimate gauze. No pain was experienced after the operation, and the patient made a normal recovery.

Case VI.—G. W., aet. 9, colored, was brought to me with the usual history of earache, etc. The right side of the head was much swollen, the auricle displaced forward, and palpation showed the presence of a large abscess under the scalp, extending at least two inches above and behind the ear. An operation was advised, but the boy's mother would not consent, and the patient did not report again.

Case VII.—B. K., aet. 6 months, was brought to me only after the purulent inflammatory conditions had existed for several weeks. Mastoid abscess had formed and spontaneously evacuated through the skin, leaving a fistulous opening leading to the antrum, through which pus was freely discharged. Treatment consisted in irrigation and packing, curing the patient in a few weeks.

Cases VIII. and IX. are two cases of long standing and apparently incurable otorrhoea, which had been put through the usual course of treatment adopted for such cases. The greatest pains were taken to prescribe internal remedies, and a great variety of local measures carried out at different times. One of the patients had been under my care for two years or more. In spite of all treatment, the otorrhoea persisted and a more radical course of treatment was decided upon. The limits of this paper will not permit more than a brief account of these cases. Under antiseptic precautions the mastoid bone was exposed and perforated with drills until the antrum was reached. This was curetted and all carious bone removed. The tympanum was also curetted and both cavities freed from granulations and diseased bone as far as possible. Both cases are still under treatment, the wounds having been frequently dressed, irrigated with sublimate solution and packed with boracic acid and iodoform gauze. The final result is still in doubt, but from the satisfactory progress which they have made thus far, I am led to believe that a cure will be secured.*

These several cases illustrate only a few of the less grave complications of suppurative otitis media. The more dangerous complications referred to above, it has not been my fortune to observe, although how serious any of the foregoing might have been, in the absence of the surgical treatment, we can only surmise. I do not wish to enter a plea for the perforation of the mastoid or even for performance of Wilde's operation in every case of persistent pain in acute inflammations of the middle ear. Case I. illustrates the fact that some of these cases may recover without surgery, but in view of the serious possibilities which these inflammations may entail, it is perhaps better to perform several not absolutely necessary operations than to omit one that is really necessary. To define the limits of operative necessity in all cases is not easy, and may require the nicest surgical judgment. I may say finally, in connection with the above related cases, that in no one of them was there any omission to prescribe internal remedies, following the symptoms of each case as closely as could be done.

---

*Since writing the above, one case eloped and was lost sight of, and the other shows a slight discharge from the middle ear still present, although the condition is on the whole greatly improved.

Digitized by Google

SCIENCE IN MEDICINE.

HOW FAR CAN IT BE MADE AVAILABLE IN THE CURE OF DISEASE?

BY WM. OWENS, M. D.,
CINCINNATI, O.

Read before the Ohio State Medical Society.

Science is defined to be "knowledge arranged in accordance with natural law." Grauvogle, in speaking of science in relation to medicine, says: "All science must be directed to this, instead of the contingent to set up that which law makes necessary."

If, therefore, a contingency or exception exists, it cannot be regarded as a law, but a rule.

Hahnemann discovered a law of drug patho genesis, which, under the administration of drugs to a human organism, under a uniform law induced certain disturbances of the "vital force" which gave rise to the morbid processes in the body. Hahnemann also announced and taught, that all disease so-called consisted "in some disturbance of the feelings and functions of the body," and that every morbid process, except those of traumatic origin, arose from this disturbance of the "vital force" or function within the organism, and also taught that every drug has its own peculiar mode of action and disturbance in the functions of the body; that no two drugs produce the same effect upon the "vital force" and that each drug produces its own peculiar impression upon the system, which, Hahnemann claimed was its true similimum of a morbid process. Unfortunately, Hahnemann did not undertake to tell us what this "vital force" is, nor in what portion of the organism it resides, nor whence derived. He admits that it is associated with matter in some form and that the functions of the organism were the result of this "vital force" acting upon or through matter "affecting and infecting, as it were," this matter and rendering it susceptible to irritability. In searching for a basis of drug patho-genesis we are led to inquire into the origin of this irritable matter,—what is it? Where is it found? and what office does it sustain to the human economy? It cannot be bone, muscle, tendon, blood vessels or areolar tissue, for these in their normal condition are devoid of irritability or sensation. The only remaining tissues to which irritability can be described are nerve tissue and protoplasm. Protoplasm is alleged to be "the physical basis of life and that this substance alone is living matter" and that when it becomes organized into cell and tissue it retrogrades, decays and dies.

We are taught that protoplasm underlies all organic life, and that from it cell genesis takes place, which is the first step toward organization. We are also told that there is no difference chemically or physically between that protoplasm which enters into the formation of vegetable or man, and this constitutes the foundation of all irritability in matter. Physiologists also inform us that the ganglionic nerve cells which enter into and compose the organic or vegetative or nerve system are composed of protoplasm, molocules and neurine cells with or without neucleus or neucleolus, with unipolor and multipolor elongations which constitute nerve filaments. These supervise and control all of the organic functions of the body. We shall therefore find it impossible to find any other source for irritability than protoplasm or other cause for nerve energy (vital force) than irritability which may be increased or diminished by any agent capable of inducing irritability in protoplasm.

Hahnemann taught that no drug could be regarded as a true similimum of a morbid process unless that drug contained within its pathogenesis all of the phenomena of the morbid process, and from this alone a rational and successful therapeutics could be maintained. Upon this point great diversity of opinion and teachings have arisen, and while these are allowed to prevail, a scientific therapeutics is impossible.

Medicine in its true signification may be divided into scientific and practical. The first pertains to the invasion of the morbid

Digitized by Google

process through disturbance of the "vital force" or functions, perverting the natural law, which enables us to trace these disturbances from their inception to their determination in restoration or dissolution.

The second pertains to the prevention and cure of the morbid process, including the restoration and maintenance of health. The first will require a thorough and accurate knowledge of health functions under natural law as the result of thorough and accurate scientific observation, experience and knowledge of the influences which combine to develop the morbid process. The second will require a thorough knowledge of the means and agencies, which acting in harmony with the natural law tend to correct the morbid process. This is therapeutics, and can only attain to approaching scientific accuracy under the law or "similia."

Medicine of itself is not capable of asserting or providing anything, but when brought into contact with irritable matter in the organism developes its peculiar phenomena and cures are the result. We should investigate and endeavor to understand what the changes are which take place in the organism under drug influence.

We must understand that pathological phenomena are but distributed physiological processes, affections of the functions of organs or tissues, differing only in their specific effects upon the changed conditions. Should we observe that each particular form of morbid process is preceded, attended and followed invariably by certain phenomena and that they sustain to each other the relation of cause to effect, we undoubtedly have a law of nature upon which a science of therapeutics can be predicted. Enough, we believe, has now been said to enable us to comprehend our task of attempting to prove that by experiment, observation and experience (which give us knowledge) that facts arranged according to law show an intimate relationship between the morbid process so-called natural disease, and those conditions which arise from drug patho-genesis, disturbed innervation and disturbed function.

The conclusion upon this point is, therefore, that life can only exist in the presence of organic matter, and that this matter must be susceptible of irritability; that irritability is a property of protoplasm; that this begets molecular motion and cell genesis, and, finally, the cell yields function and life. We may then properly assume that drugs like so-called natural agencies or forces, coming in contact with protoplasm, the primitive organic cell or its filaments act as foreign agents and irritate these nerve cells or filaments and thus excite, exhaust or depress innervation and cause excessive or deficient functionalism or a morbid condition. We shall find that this irritation impresses molecules rather than masses. The feebler and subtler forces in nature are usually the more efficient in disturbing the functions of the organism, and hence it is that the more minute particles of drug substance and the subtler drug forces existing in the unperceived and undetectable gases are among the most efficient agents in disturbing the function and in establishing or removing morbid conditions, while if the same were applied in masses the effect would, in all probability, be *nil.* To render the impression more positive, certain and effective, the impressing agents should be applied to the medium in its most susceptible and plastic state. From what has been presented, it would appear that the forces so applied become irritants to the "vital force," disturbing its functions and furnishing a reliable guide in the therapeutic management of so-called disease.

One point alone remains to be met. That is the special and peculiar phenomena which each drug is known to induce. It is an admitted fact in science and in nature that no two substances are alike and no two forces in nature produce like results. Infinity in variety is that of nature, and as all true cures are affected by an attempt to imitate nature, it becomes necessary in securing these results

Digitized by Google

to select the drug, substance or agent, which, in its patho-genesis, induces the peculiar phenomena which is observed as occurring under the morbid process as established by nature.

THE MANAGEMENT OF INFANT FEEDING.

BY LOUIS FISCHER, M. D.,

NEW YORK.

Read by invitation before the New York Society and published in Pediatrics.

All pediatrists will agree that nothing more difficult confronts them in their daily practice than to decide exactly what to feed a baby, and in this paper I shall discuss the subject under two divisions: First, infant feeding in health; second, infant feeding in disease. The term "infancy" is here used to include all times from birth to the end of the second year, or until the completion of the eruption of the milk teeth. No one will dispute the fact that the feeding of a sick baby is an entirely different matter from the feeding of one in good health. I shall therefore first consider feeding in health. An infant may be fed in two ways: First, from the human breast; second, from a bottle otherwise known as hand-feeding or artificial feeding.

NURSING OF THE NEWLY BORN.

An infant should be put to the breast as soon after birth as the mother's condition warrants, which is usually between six and twelve hours. The first milk contains colostrum, which consists of laxative salts, and clears the child's intestinal tracts. It does contain some nourishment, and the usual addition of sugar water to the dietary, or milk and water where colostrum is given, is deleterious.

The proper secretion of milk in a normal breast rarely takes place before the third day. An infant should be put to the breast every two hours. By this stimulation it aids the formation of milk and also contraction of the uterus. Should there be a deficiency of milk supply, however, then cows milk might be advantageously given diluted as follows:

One-third cow's milk,
Two-thirds water,
One piece of loaf sugar and some salt.

The minutest instruction should always be given as to the interval between each nursing, as to the quantity that a child should take, for some children with a good appetite require both breasts for one meal, as to regularity in feeding and about feeding at night.

A healthy child during the first two months requires the breast every two hours, from 5 a. m. to 11 p. m. The child should not sleep with its mother, but be trained to sleep in a crib for at least six hours, so as to insure some rest at night for the mother.

This is a vital point in my opinion, as, from the prolonged lactation, the quality and quantity of the mother's milk must never be lost sight of, and unless the mother has her proper rest the milk will be deficient in quality.

I wish to emphasize the fact that we must individualize our method of feeding, and remember that while some children merely require food once in three hours, others will require feeding every hour and a half.

The strong, newly born infant has a stomach capacity of about one and one-half ounces. It has been found that an excessive feeding over this amount may cause vomiting. Slow nursing extending over fifteen minutes is preferable to quick nursing. In this way a child would probably receive about twelve ounces of milk in each twenty-four hours during the first week. The infant could be fed once every two hours, giving us ten feedings every twenty-four hours and allow four hours for rest.

As the child gets older and stronger the stomach capacity increases, and the interval of two hours between each feeding can be prolonged so that one feeding every two and one-half hours or eight feedings in twenty-four hours would be sufficient, never omitting the interval of rest at night for the recuperation of the mother. Between the third and fourth month the child need be nursed

Digitized by Google

only every three hours, and experience has shown that an infant takes about three to six ounces at each feeding, or between twenty-four and thirty-six ounces in twenty-four hours. This will amount to six to seven feedings in twenty-four hours.

WET NURSES.

If the infant's own mother cannot nurse her child, then we can and should secure a wet nurse.

The wet nurse must be carefully examined as well as her child for the presence of syphilis. With your permission, I beg to refer to a short paper on this subject, published in the *American Medico-Surgical Bulletin* in January, 1894:

Never have a baby fed by the milk of its mother if the latter suffer with general debility or tuberculosis. Extremely nervous mothers should not nurse their babies.

Syphilitic babies (hereditary) can only be nursed by their own mothers, owing to the risk of infecting the wet nurse. Very frequently the life of the child is dependent on its being nursed by its mother in syphilis.

(*a*) The return of menstruation is no contra-indication to the continuation of nursing.

(*b*) The moment a woman is pregnant nursing should be stopped.

(*c*) Children should not be nursed at night unless for some special reason.

(*d*) Weaning should take place gradually, and only in the eighth to the tenth month.

(*e*) It is understood that weaning should not be commenced during the hot summer weather.

The main factor in determining the time of weaning is "weighing." Children must be weaned when, although in perfect good health, they remain below the normal weight.

(*f*) Prolonged nursing will produce rhachitis.

2.—If, for various reasons, a child cannot be nursed by its own mother, we then resort to the wet nurse.

(*a*) She must be carefully examined as to her physical condition; tuberculosis, all chronic disorders and diseases would prevent proper nursing. Hereditary nervous troubles, epilepsy and syphilis would exclude nursing.

Milk requires examination to determine amount of fat, the condition of the emulsion, etc.

(*b*) It is a good point to try and procure a wet nurse sucking a child about as old as the one we wish her to nurse, although it is quite common to find nurses who have older children than the one they wish to nurse and to find the latter doing well.

(*c*) The proof of the usefulness of the wet nurse is the condition of the baby after some time. If the child thrives it will increase in weight. Hence scales must be frequently used.

WEANING.

When a child reaches the age of six months it is well to think of weaning. I have very successfully tried gradual or partial weaning. This consists in giving at the age of six months one hand-feeding of six to eight ounces during the twenty-four hours. It is to consist of cow's milk three ounces, and, if the bowels are regular, three ounces of barley gruel, made with water, and about ten-fifteenths grain of ordinary table salt and one-half lump of cane sugar.

Each month following the sixth month we can withdraw one breast-feeding and in its place substitute an artificial feeding, so that by the ninth month the infant is weaned. Unless it be midsummer, or on account of some special condition, complete weaning should take place about the tenth month.

In addition to giving a bottle in the method of partial or gradual weaning, a small piece or crust of bread or zwieback can be added to the dietary, besides a little thin beef soup or expressed meat juice.

If an infant while nursing does not increase in weight between five and six ounces weekly, then it is better to advise a careful examina-

Digitized by Google

tion of the breast milk. For this purpose numerous instruments have been devised, as Marchand's lactobutyrometer, but probably the simpler method of examination for cream and fat devised by Holt is best. This little instrument, which I show you, is known as the creamometer, and shows the relative percentage of cream and fat in the milk. A drop of milk placed under the microscope will easily tell the story.

HAND OR ARTIFICIAL FEEDING.

If we cannot give our infant breast or human milk, then we must resort to artificial feeding. Our choice will lie between giving peptonized, humanized, pasteurized, sterilized, modified, or boiled milk, or possibly some patent food.

The method of peptonizing milk with parcreatin and soda is too familiar to mention, and, as it is only used in sick babies, I will only allude to it.

Humanized Milk.—A pint of milk is set aside until the Cream rises, and this cream is skimmed off and kept. To the milk remaining is added enough rennet to curdle it. The whey is strained off the curd and added with the previously separated cream to a pint of fresh cow's milk. This is known as humanized milk. In some infants it will be well borne during the first three months, and to this can be added farinaceous liquid for dilution if required.

Pasteurized Milk.—This is really partially sterilized milk, and consists of sterilization at a temperature of 167° F. instead of 212° F. This sterilization to be continued at from twenty minutes to half an hour. Pasteurized milk should only be used during the twenty-four hours following this process. A good apparatus for this purpose is the one known as Dr. Freeman's Pasteurizing apparatus.

Sterilization.—I desire to be put on record as stating that with our present knowledge nothing better than sterilized milk has yet been devised. On November 12, 1891, I demonstrated an improved Soxhlet sterilizer before the Section of Paediatrics of the New York Academy of Medicine. The sterilizers which are in actual use in this country are easily tampered with, so that there is no guarantee of the milk remaining sterile, whereas in the Soxhlet apparatus when the stopper is removed the bottle of milk must be used at once. The difference is very apparent if you will compare the two bottles.

FLUIDS FOR DILUTION OF MILK IN HAND-FEEDING.

Barley Water.—Take a tablespoonful of pearl barley, grind it in a coffee grinder, or pound it in an ordinary mortar, add one pint of cold water, and allow it to simmer slowly for about an hour. Strain and add enough water to make one pint.

Oatmeal Water.—Take a tablespoonful of ordinary coarse oatmeal, and add one pint of water. Allow it to simmer slowly for one hour and strain. Add enough water to make one pint. The same directions apply to making a household mixture of farina water, rice water, or sago water, using the same proportions as above.

Arrowroot.—Add two tablespoonfuls of arrowroot to one pint of water; allow it to simmer for half an hour, stirring it constantly.

Pasteur found that subjecting milk to a temperature of 160° to 170° F. for fifteen or twenty minutes, will destroy all germs of tuberculosis, scarlet fever, diphtheria and pneumonia. As this is all that is necessary to make milk sterile, it answers all practical purposes. Heat above 165° F. destroys the starch fermenting ingredient of milk, called galactosine, which is an important loss to the infant.

Lact albumen, which is allied to serum albumen, is coagulated by heat. This produces the unpleasant smell which characterizes boiled milk. Milk sugar is destroyed or changed. Cream can be seen floating as fat globules upon the surface of sterilized milk, and it is necessary that the digestive function should change it to an emulsion before it can be absorbed. Caseine is also changed by sterilization. Baginsky states that it requires

Digitized by Google

more rennet and a higher temperature to effect the digestion of the casein of sterilized than that of new milk.

Since sterilization produces the effect just noticed, Pasteurization, which is sufficient to destroy pathogenic bacteria, will answer our purpose better. Pasteurized milk however cannot be used after twenty-four hours. What asepsis in surgery is to antisepsis, so pure, natural, sterile milk is to artificially sterilized milk. Should we ever be able to receive milk from our dairies free from micro-organisms then we can easily discard artificial methods of sterilization and Pasteurization.

MODIFIED MILK.

It has been several years since a Walker-Gordon Milk Laboratory was established in New York. The experiment is attempted to reduce the feeding of infants to a laboratory process of prescription writing. Blanks are given the physician which are filled out according to the child's age and weight, calling for a definite per cent. of fat, milk sugar, albuminoids and water, and prescribing the number of feedings, the amount of each feeding, the percentage of alkalinity, etc. This is a practical method and appeals to the physician at first, but it is necessary to familiarize one's self with the mysteries of this method before one can properly judge of its merits. I have given modified milk a careful trial in my private practice. The milk is too expensive for hospital and dispensary work. Two children, aged respectively one year and nine months, were given modified milk. The first symptom encountered was constipation, which could not be relieved by [illegible] even asleep. Far from it. Too much effort has already been expended and too much been accomplished, for the friends of removal to sit quietly down and say "Allah wills it." There is an opportunity indeed for the Regain was no greater than I was accustomed to see under simpler methods of feeding. The child died of exhaustion following a pneumonia. Another child was given modified milk to remove a catarrhal condition of the stomach and bowels; the formula was changed several times, but the child did not increase in weight sufficiently and it was therefore discontinued.

A very interesting case is the following: A child, 11 months old, was given modified milk for an irritable state of the stomach. Although I continued to increase the quantity of sugar and cream, as is customary, the child did not increase in weight more than one pound in about two months. The bowels were extremely constipated, and solid, cheesy curds were passed in the stools. The milk was changed as often as once a week, and was finally abandoned as only a laboratory experiment. The child was put on a more substantial diet, and although much stronger, is a typical case of rachitis. I have seen three distinct cases of rickets in these laboratory fed babies, and if we compare the ordinary infant that we see brought to our dispensaries from tenement houses fed with condensed milk and water, they are much the same class of rickets at less expense.

The Need of a Medical Law in Michigan,

The following letter was received by a druggist in Detroit, and is a sample of letters sent out by the college in question to various parts of the country:

Incorporated under the Law of the State of Wisconsin. Wisconsin Eclectic Medical College, of Milwaukee, Wis. Correspondence Department, 1001 West Congress Street,

CHICAGO, Ill., July, 1896.

Mr. ———————

Detroit, Mich.

DEAR SIR:

If you have any aspirations to a profession which runs side by side with that of pharmacy, if you desire to become a physician and have the legal right to append M. D. to your name; then you are politely requested to carefully read and digest the contents of the inclosed prospectus.

Digitized by Google

The plan as outlined therein gives to the pharmacist an open door to the legitimate practice of medicine, as an authorized physician. In these days when the pharmacist is required by law to be as highly educated, as well read, as well versed in the various branches of medical knowledge and to pass as rigid an examination (and in some states much more rigid) than is required of the physician; is there, we ask, any reason why the pharmacist should not avail himself of the opportunity (while he has it) to take yet another step on the ladder of life and become M. D. ?

The average pharmacist's knowledge of materia, medica, therapeutics, anatomy, physiology, science and practice of medicine, obstetrics and surgery is usually just as good as the average physician's, indeed many much better, for there are thousands of practicing physicians who never had a diploma; never was asked a question on the subject, while every pharmacist has been through the fires of inquisitorial examination.

The diplomas of the Wisconsin Eclectic Medical College are perfectly good in law, binding and valid, and the total fees are exceedingly moderate, $35.00 all inclusive. We only ask your best thoughts on the matter. And in the meantime we shall be glad to hear from you and to explain any point or points not made quite clear by the prospectus, or any which may arise in your mind.

FRED RUTLAND, Pres't.

A copy of the charter of the college accompanies the letter, also a long circular stating how a degree may be obtained. In this circular are given the circumstances under which a person may "graduate without attendance." as follows :

"During the course of our correspondence we often find persons that have been acquiring knowledge of medicine for many years past and some that have practiced medicine successfully for differing periods of time, but are at an immense disadvantage in States where monopoly laws exist.

If such a person will please give us a statement of the circumstances, giving time they have studied or practiced or both, we will arrange for their examination before a Notary Public of their town and if the examiners of this College find it satisfactory they can be legally and lawfully graduated, receiving the DIPLOMA OF THE COLLEGE, conferring the degree of Doctor of Medicine without attendance at the College. The examination questions are all asked with one principal object always in view, they are all soundly practical and are intended to show if the applicant is actually in possession of the knowledge and qualifications requisite to become a safe and competent practitioner.

Some are already fully qualified to pass the examination, while again others are deficient in some respect and not quite up to our standard, in such cases a diligent study of proper books will soon remedy the trouble and when they are sufficiently qualified, the degree of Doctor of Medicine can be conferred at any time.

The time of graduation and obtaining a legal Medical Diploma is a very great event in the life of any person, as the append of M. D. always raises the individual in the social scale no matter who he or she may be. It also gives to its owner a position and a general authority which is absolutely unobtainable by any other means."

This "College" is a "legally chartered" institution under the laws of Wisconsin, and its diplomas *must* therefore be accepted in Michigan as the laws of the state now stand. There are known to be practicing in the city of Detroit, alone, some ten or a dozen persons whose qualifications are attested by the diploma only. We ask our readers if the time has not come when more stringent legislation is demanded. Such is the purpose of the Michigan Medical Legislation League. All our readers are urged to join the league. Send your name and $1.00 to the Corresponding Secretary, Dr. S. H. Knight, 14 West Willis Ave., Detroit.

Lact albumen, which is allied to serum albumen, is coagulated by heat. This produces the unpleasant smell which characterizes boiled milk. Milk sugar is destroyed or changed. Cream can be seen floating as fat globules upon the surface of sterilized milk.

In the August number page 128, Dr. Sinclair is made to say, "As for example, *Fowler's Solution of Arsenic* in *Cholera*" instead of *Chorea.*

Digitized by Google

THE MEDICAL COUNSELOR.

A Journal of Homœopathy and Collateral Sciences. Published Monthly by The Medical Counselor Publishing Club, 6 West Adams Avenue. Detroit, Mich.

EDITOR,

Stephen H. Knight, A. M., M. D.

ASSOCIATE EDITORS.

Materia Medica.—M. W. VAN DENBURG, M. D. Fort Edward N.Y
R. MILTON RICHARDS, M. D., Detroit.
Surgery.—CHAS. S. MORLEY, M. D., Detroit.
Medicine.—ROLLIN C. OLIN, M. D., Detroit.
Eye, Ear, Nose, Throat.—D. A. MACLACHLAN, M. D., Detroit
Obstetrics, Gynæcology and Pædology,—
E. LOUISE ORLEMAN, M. D.,
MARY THOMPSON STEVENS, A. B., M. D., Detroit.
Diseases of the Chest.—W. R. MCLAREN, M. D., Detroit.
Mental and Nervous Diseases.—W. A. POLGLASE, M. D., Lapeer.

COLLABORATORS.

M. C. SINCLAIR, M. D., Grand Rapids, C. G. CRUMRINE, M. D. Battle Creek, D. M. NOTTINGHAM, M D., Saginaw

Subscription price Two Dollars per year. Single copies 20 cents.

Communications are invited from all parts of the world. Contributions, books for review and exchanges should be addressed to the Editor, **14 Willis Ave. West,** *Detroit, Mich.*

Business letters and remittances should be addressed to Rollin H. Stevens, M. D., Business Manager, 6 West Adams Avenue Detroit, Mich.

Editorial.

A Medical School in Detroit.

The decision of the Michigan Supreme Court in the "Removal Bill Case," reported in full in the last COUNSELOR, settles definitely one phase of the matter, namely, the regents are supreme in their sphere and can be coerced by the legislature, only indirectly by refusing supplies of money, until the constitution is so amended that the people, as represented by the legislature, may have some means of controlling their servants, the Regents.

It must not for an instant be assumed that the project of having a representative, live, successful Homœopathic College is dead or even asleep. Far from it. Too much effort has already been expended and too much been accomplished, for the friends of removal to sit quietly down and say "Allah wills it."

There is an opportunity indeed for the Regents to voluntarily perform what they have been many times reported as individually favoring, namely, the establishment of the last two years in Detroit, the buildiug up of a "clinical school" of which we might all be proud. If the Regents would fulfill the promises made, would establish a clinical school with a full faculty in Detroit, and use the money that is due the Homœopathic College and now expended in salaries in building up the "clinical school," perhaps the homœopaths would not object to their students learning anatomy and chemistry in Ann Arbor. However, no one had any faith at the time the promises were made that they would be fulfilled, nor has anything happened in the meantime to give us such a faith.

"The earth is the Lord's and the fulness thereof," it does not belong to the Regents of the University of Michigan, and there are other means than their assistance by which medical schools can be built. Our specialty is not prophecy but unless homœopathy dies a sudden, violent death, there will be a medical school in Detroit before long.

The Doctor and Silver.

As a rule there is little of interest in politics for the mass of physicians. This year however, the struggle seems to be different from the usual one, of the "outs" against the "ins" and has resolved itself into "silver" against "gold."

If what the friends of gold tell him is true, then his hard earned dollars will be worth only fifty cents if the country votes for silver monometalism. If what the friends of the white metal say is true, that when silver is restored to its "rightful place" things will "boom" and prices rise, the doctors will still be in the soup for we imagine a "rise" in his fees would occasion, what in vulgar parlance is called a "vigorous kick" among his patients. It would seem then that gold is the metal that fits the doctors' necessities best. However, for the present, at least, the COUNSELOR is open to donations of either the "dollar of our daddies" and benighted Mexico, or the coin of the "gold bug."

Digitized by Google

Diphtheria Circular.

We wish to again call the attention of our readers to our diphtheria circular printed elsewhere. If you have not yet received an independent circular by mail, cut out the one in this issue and fill it out. We have already reports of more than six hundred cases, and many interesting letters which we shall publish from time to time.

Dr. Clara Plimpton was married Aug. 18th to Mr. F. McGavock of Nashville, Tenn.

Dr. Idella M. Fagaley, a very bright little woman of thirty summers, formerly of Louisville, Ky., will take charge of her practice. We predict fine success for the new doctor.

Books and Pamphlets Received.

Carcinoma of the Uterus. By James C. Wood, M. D. Being the American essay in Gynæology read before the International Homœopathic Congress, London, August, '96. Reprinted from the North American Journal.

Some Conclusions Drawn from Experiences in Pelvic Surgery. By A. V. L. Brokaw, M. D., St. Louis, Mo.

A Rare Hypterectomy. By C. E. Fisher, M. D., Medical Century Co.

Five Year's Work in Diseases of the Rectum. By Chas. E. Kelsey, M. D. New York Medical Journal.

Food for the Sick. By Walter Sands Mills, M. D., Albubuerque, New Mexico. New York Medical Journal.

Phthisis as a Neurosis. By H. E. Beebe, M. D., Sidney, O.

Bulletin of the Electro-Therapeutical Laboratory of the University of Michigan.

The Rœntgen Ray in Diagnosis of Pregnancy. By Henry Chandler, M. D., Baltimore, Md.

The Climate of Arizona. Mark A. Rogers, M. D., Tucson, Ariz.

College Announcements.

Homœopathic Medical College of Missouri, for Men and Women, opens Oct. 1, 1896. Four years course. St. Louis, Mo. 39th annual announcement.

New York Medical College and Hospital, for Women. 34th annual announcement. New York City. Four years course opens Sept. 30, 1896.

New York Post Graduate, for legally qualified practitioners of medicine. Matriculates last year 542.

Hahnemann of Philadelphia, 49th annual announcement. Matriculates last year 275, graduates 75. Four years course, opens Oct. 5, 1896.

Chicago Homœopathic. 21st annual announcement. Matriculates last year 171, graduates 67. Four years course, opens Sept. 15, 1896.

Boston University. 24th annual announcement. Matriculates 183, graduates 35. Four years course. Post graduate study.

Hering Medical College, Chicago. 5th annual announcement. Four years course, opens Oct. 1, 1896.

The Cleveland University of Medicine and Surgery. 47th annual announcement, opens Sept. 23d, 1896. Four years course.

Southern Homœopathic Medical College, Baltimore, Md. 6th annual announcement, opens Oct. 5, 1896. Four years course.

Hahnemann College of Chicago, 37th annual announcement, opens Sept. 15, 1896. Graduates last year 76.

Cleveland Medical College. 7th annual announcement, session opens Sept. 16, 1896. Four years course; graduates last year 31.

Homœopathic Medical Society of Chicago.

The first meeting of this society for the season of 1896-97 will be held at 8:00 o'clock p. m., Thursday, Sept. 17th, at the Auditorium Hotel, Chicago. During the early part of the winter, papers will be read according to the following program:

Digitized by Google

SEPTEMBER 17. FIRST MEETING.

Essayist: Sheldon Leavitt, M. D. *Subject:* "The Obstetrical Forceps."

Dr. Leavitt will take up the subject from the clinical side. 1st, some mention will be given the instrument itself, its design, its best form, etc. 2d, the different modes of application, including the different positions and presentations. 3d, conditions calling for the forceps. 4th, dangers, etc. Demonstrations with instruments will be made on the pelvis or mankin. Prints and drawings will be used for purposes of illustration.

Essayist: Charles Adams, M. D. *Subject:* "Reckless Surgery."

Dr. Adams' paper is a protest against the too free use of the knife—the *furor operandi* —to which many members of the profession are prone now-a-days.

Clinic—Dr. A. E. Thomas will present two cases of rare and anomalous forms of heart disease.

OCTOBER 15. SECOND MEETING.

Essayist: John W. Streeter, M. D. *Subject:* "Treatment of Retroversion of the Uterus."

Essayist: B. S. Arnulphy, M. D. *Subject:* "The Angina that Kills."

NOVEMBER 10. THIRD MEETING.

Essayist: G. F. Shears, M. D. *Subject:* "Surgical Treatment of Inflammation of the Bladder."

Essayist: Clifford Mitchell, M. D. *Subject:* "Hematuria."

DECEMBER 10. FOURTH MEETING.

Essayists: J. H. Buffum, M. D., and C. Gurnee Fellows, M. D. *Subjects:* To be announced.

JANUARY 15. FIFTH MEETING.

Essayist: E. S. Bailey, M. D. *Subject:* "The Renal Insufficiencies in their Relation to the Medial Diseases of Women."

Essayist: Wm. G. Willard, M. D. *Subject:* "Peritoneal Tuberculosis."

At the February meeting Dr. Julia Holmes Smith will read a paper on "A Consideration of some Pathological Conditions at the Time of Puberty. The other essayist for this evening has not yet been assigned.

Papers will also be presented by Dr. R. Ludlam, Dr. H. R. Chislett, Dr. W. W Stafford, Dr. H. V. Halbert, Dr. J. S. Mitchell, Dr. Howard Crutcher, and possibly one by Dr. Ch. Gatchell, on "Incipient Phthisis Pulmonalis; Diagnosis and Treatment."

Announcement cards will be sent to all Chicago physicians two days before each meeting.

CH. GATCHELL, M. D., Prest.
JOS. P. COBB, M. D., Sec'y pro tem.

The Grace Hospital Report.

During the last quarter there were admitted to the hospital 59 medical cases, 64 surgical; 59 gynæcological; 11 obstetrical; 1 ophthalmic; a total of 194 cases.

In the dispensary there were treated 499 new cases; 1015 prescriptions were filled. The ambulance made 93 runs.

138 operations were performed, including among them 24 abdominal sections for removal of ovaries, obstruction of the bowels, appendicitis. Among the other operations were 10 for the removal of hemorrhoids; 9 trachelorrhophies; 5 perineorrhophies; removal of tumors, amputations, circumcision, curetting uterus.

Transportation Arrangements for the Mexican Meeting of the Pan-American Medical Congress.

Dr. H. L. E. Johnson, 1400 L Street, N. W. Washington, D. C., has been elected chairman of the special committee on transportation. All communications relative to rates, reservation in the special trains, etc., should be addressed to him.

A rate of one fare for the round trip has been secured between St. Louis, New Orleans, and other trans-Mississippi points and the

Digitized by Google

City of Mexico. It is confidently expected that this rate will be extended over the entire territory of the United States. Arrangements are in progress for a splendidly equipped special train of sleeping and observation cars with first-class dining car service. Dr. Johnson will presently be in position to announce a rate, which will include railroad fare, sleeping and dining car service both ways and in the City of Mexico, and covering the expense of various side trips to the most important historic points in the Republic.

CHARLES A. L. REED,
Sec'y Inter. Ex. Com.

A Case of Tetanus from a wound in the foot developed in one of the patients at the Children's Hospital in Detroit, was treated with tetanus serum—and died.

State Medical Examinations.—At the Pennsylvania State Medical examinations, held at Harrisburg on June 16th, there were three hundred allopathic applicants, about seventy homœopathic, and several eclectic. It was discovered that one of the applicants had in advance obtained a copy of the examination questions, and was disposing of his information at the rate of $25 to all who wished it. The discovery was made in time to change the questions, and the confession of the offender was followed by his proscription from the practice of medicine in the State of Pennsylvania. The examination of applicants for a license to practice medicine in Delaware was held on June 16th, 17th, and 18th. The examination of graduates in allopathic medicine was held at Dover; those of graduates of homœopathic schools at Wilmington.

Li Hung Chang's Bullet Found by the Roentgen Rays.—During the stay of Li Hung Chang in Berlin he visited the Charlottenburg Polytechnic and submitted himself to a Roentgen-ray examination which revealed the location of the bullet fired by the would be assassin of the Chinese statesman at Shimonoseki, Japan, when the treaty between China and Japan was being arranged The bullet entered the left cheek and buried itself in the tissues slightly below, where it is now encysted.

Dr. A. F. Randall of Port Huron, writes us, Dr. Dowling's article on *Sanguinaria* as an antidote to *rhus* poisoning reminds me that about twenty-three years ago my attention was called to Sanguinaria as an antidote for rhus poisoning by an article in the Investigator contributed by a physician whose name I do not remember but living at Whitehall, Mich. Since that time I have never needed another remedy for uncomplicated rhus poisoning. I have given it internally alone (I think,) internally and externally, and externally alone, but do not know which method was most effective. I know that its action was very prompt and satisfactory.

It has acted well in some other cases not clearly rhus poisoning.

I am now established at my old stand in Port Huron and attending to general practice as well as the eye and ear.

Colds.

In an incipient cold, when you have chilliness, after exposure to a draft, or cold winds, getting wet, driving or working in the cold, cooling off rapidly after overheating, bone aches, dryness of the nares or high fever, alternating with chills, rawness of throat: Give *aconite*, three or four drops of the tincture in four ounces of water, a drachm every twenty, thirty or sixty minutes for a few doses. It must be remembered that *aconite* has no space after you pass the above described condition and the congestion has located.

If you meet one of those insidious conditions you do not know how you take cold, no special chilliness, languid, drowsy, bones ache, flesh feels sore, dry coryza, soreness of throat, chest, infected eyes, asthenic fever, *gelsemium* will abort your cold in a few hours. Give same as *aconite*.

Camphor in broken doses, one-half to one drop doses, will readily meet the conditions under aconite. This will readily abort colds and save a long train of suffering. These remedies are for the incipient stages.—*Jour. Materia Medica.*

Don't be cross or cross-looking while in any sick room, and especially in that of a child.

Digitized by Google

Some Pediatrical Don'ts.

Don't fall into the habit of ascribing the mother's fears and anxieties to an hysterical tendency which it is your duty to ignore. Listen to her and profit by her suggestions.

Don't forget that the respiratory sounds, especially the inspiratory, are normally full and harsh in childhood. Hence the term "puerile" respiration.

Don't make a diagnosis of pulmonary cavity from the presence of the "cracked pot sound" in children. This sound may be elicited in pleurisy and pneumonia as well.

Don't forget that tubercular disease of the peritoneum and mesenteric glands is a frequent occurrence in early childhood and is usually indicated by great prominences of the abdomen.

Don't forget that the liver is relatively large in young children,and prominent below the ribs, even when there is no diseased condition present.

Don't diagnose the presence of intestinal parasites until one or more of the worms have been seen.

Don't fail to suspect the onset of some grave disorder—scarletina, pneumonia or meningitis—whenever there is persistent vomiting.

Don't permit a woman suffering from grave constitutional disease—tuberculosis or syphilis—to nurse her child.

Don't permit a woman who has become pregnant to continue nursing her infant.

Don't wean a child until after the twelfth month, if possible to avoid doing so.

Don't permit a child to nurse from the breast after the eighteenth month.

Don't wean a child during the summer season, unless absolutely unavoidable.

Don't give a baby which must be raised artificially, food preparations containing starch or its derivaties, glucose and dettrine.

Don't fail to enforce a general rule for the feeding intervals. All danger from over or under-feeding will be thus avoided.

Don't permit the milk to stand in the bottle. Throw what remains away after each feeding.

Don't fail to thoroughly scald the nipple, tube and bottle after each feeding, and keep them in a solution of soda until the next using.

Don't give the baby the bottle to soothe the crying or fretfulness of temper. Such a proceeding is always harmful.

Don't be alarmed at the great rapidity of the pulse. Any undue excitement or prolonged crying, or any slight febrile excitation will give rise to a pulse out of all proportion to the gravity of the general conditions. A rapid pulse during sleep, however, is of more significance.

Don't limit the supply of fresh air and sunlight. A child can never get too much of these, even when sick. They should be so arranged, however, as to avoid eye-strain and chilling.

Don't expose the eyes of a new-born infant to a sudden or very bright light.

Don't permit a child to assume a sitting posture at an early age. Spinal curvature may thus be produced, especially if the infant be rachitic.

Don't anticipate the natural efforts at locomotion, otherwise unsightly curving of the limbs may result, necessitating later operative procedures.

Don't designate the symptoms of rheumatism by the popular term "growing pains." Serious heart disease in its early stage may thus be overlooked.

Don't forget that tubercular meningitis is usually preceded for weeks or months by a gradual but progressive loss of flesh.

Don't mistake the relatively greater development of the head in proportion to the shoulders for a commencing hydrocephalus. It is the natural condition in the early weeks of infancy.

Don't mistake the normal breath sounds which are heard in auscultating the fontanelles for the breath which may be indicative of commencing disease,hydrocephalus or rickets.

Digitized by Google

Dear Doctor:

The Editor of ***The Medical Counselor*** *is desirous of presenting a complete report of the experience of Homœopathic practitioners with diphtheria and giving forth their results—proving, if possible the superiority or not of our method over all others especially the Antitoxin method. With that purpose in view, we have sent you with hundreds of others this blank hoping you will fill it out and return it with such other remarks and reports of cases as may seem of interest to you. Send us a consecutive series of as many cases as you can.*

1. *Number of cases..... Number of deaths.....*
2. *Was the diagnosis made by clinical evidence or by bacteriological examination? Number by each method.....*
3. *Give the ages of your patients, and the number dying at each age .....*
4. *State the number of cases in which the membrane was situated respectively upon tonsils, nose, pharynx, or larynx and the results in each class of cases, especially of larynigeal cases .....*
5. *Was intubation or tracheotomy performed, and the result from each operation?*
6. *In how many cases was there present sepsis, nephritis, broncho-pneumonia or paralysis, and how many fatal cases of each ?.....*
7. *State in a general way your treatment and remedies used .....*
8. *Remarks and cases .....*

Very truly yours,

STEPHEN H. KNIGHT, M. D.,

Editor Medical Counselor. *14 West Willis Avenue, Detroit.*

Vandenburg's New . . . Materia Medica.

The Sample Fascicle is now ready to deliver to subscribers.

It is the only Materia Medica giving **all** the symptoms of **all Authors.**

It is the only Materia Medica showing at a glance **how many provers** experienced the symptoms.

It is the only Materia Medica that shows in a workable form the **concomitance** of symptoms.

Unequalled for **rapid consultation** and **practical use.**

For further information address the Author

M. W. VANDENBURG,

Fort Edwards, N. Y., U. S. A.

Digitized by Google

THE MEDICAL COUNSELOR.

A MONTHLY JOURNAL OF HOMŒOPATHY AND COLLATERAL SCIENCES.

OLD SERIES, VOL. XV.
NEW SERIES, VOL. I.

DETROIT, OCTOBER, 1896.

No. X.

A SPURIOUS "TOTALITY."

The subjoined case has been published as an example of the application of the totality of the symptoms for the designating of the remedy:

"A young wife who indulged in golf, hunting, shooting, and in swimming (long distances) ,was taken with pains in her right shoulder which increased until the arm became useless. The muscles about the right shoulder and side, chest and back, wasted away, so that these regions became perceptibly emaciated; the right sub-clavicular region being particularly sunken. The shoulder dropped, and if the arm was allowed to hang by the side the head of the humerus would slip from its socket, causing extra pain in the axilla and shoulder. She could not raise her hand to her head: so that putting up her hair or dressing herself, were impossibilities for her. At length the wasting and loss of power involved the whole shoulder-region of the right side, the pectoral, scapular and axillary regions, and the arm as far as the elbow. Ultimately the trouble invaded the forearm, and also began to show itself in the right hip and thigh.

"The subjective symptoms were: Pain in the right shoulder extending from the top down the arm to below the elbow; this pain being a constant, dull ache, which on motion became a sharp, shooting. The pain was worse at night; in the cold; on uncovering; when lying on the right and painful side. There was a feeling of powerlessness (she could not raise the arm to her head, nor could she dress herself)."

It is asserted that the following "points cover essentially the totality of the symptoms. 1. Region of the shoulder. 2. Right upper extremity. 3. General (!) weakness. 4. Aggravation from lying on the right side. 5. Aggravation from lying on the painful side. 6. Aggravation at night. 7. Aggravation after becoming cold. 8. Aggravation in the wind. 9. Aggravation from uncovering."

On the Boenninghausen Checking List, employed by him to find the remedy, there are 204 "remedies" marked—amongst which are included tea, coffee, and tobacco. The choice was finally reduced to one of the following: Nux vomica, phosphorus, silica, bryonia, pulsatilla, mercurius. Of these phosphorus turned the scale from a consideration of its (hitherto unmentioned) mental symptoms!

(The exclamation point is used because the case was one of "Progressive Muscular Afrophy." Such was the diagnosis of the "eminent neurologists who had examined the case, and this diagnosis was accepted by the successful homœopathic physician. The subsidiary reason for using that "!" will appear later.)

It is here asserted that this physician did not prescribe *for* and *from* the totality of the symptoms. He has omitted the pain, the aggravation from motion, the laxity of the muscles (permitting the dislocation of the head of the humerus), the wasting of the affected parts, and the aggravation from letting the affected limb hang down. Here are five elements of the case that he has magisterially cast aside.

He has also introduced false quantities into his spurious totality, namely, *General weakness*, for *weakness of the affected parts;* quite a transformation! He has also misapplied the phosphorus aggravation from lying on the right side. As given in Boenninghausen, it refers to the condition of the liver. The same statement applies to the phosphorus aggravation from lying on the painful side—the liver being on the right.

In this case the cure was an accident, the "totality" a fallacy, and the whole is neither science nor homœopathy.

Any homœopathic practitioner to whom

Digitized by Google

the name physician can be rightfully applied, will indignantly deny that homoeopathy excludes pathological conditions in the treatment of disease; but he who treated the above case did exclude such considerations, and that is the reason why tea, coffee, and tobacco found a place on his "checking list," and that also is why his cure is neither science nor homoeopathy.

The pathological considerations that cannot be dissociated from this case would have excluded from his list three of the remedies from which he selected the remedy, namely: bryonia, nux vomica and pulsatilla. Such an examination as an educated physcian would make should tell him that he had a condition involving organic change—shown by the wasted muscles—and not mere functional derangement; and with plain distinction in his mind, every remedy from the vegetable kingdom would have been shut out from consideration in seeking for the remedy. When organic change has taken place no proper student of materia medica will think of a vegetable remedy. But the physician who treated this case had no thought of organic change. He acknowledges that he does not know "if there be any satisfactory pathology (he means *pathological anatomy*) known." This is a striking admission when we remember that, while the neurological changes denoting progressive muscular atrophy may not be precisely determined, it is nevertheless well "known" that fatty degeneration of the affected muscles is one of the "constants" of pathological anatomy in cases of progressive muscular atrophy. With this knowledge he would also, as a therapeutist, have known that the *similimum* must be a drug that produces fatty degeneration in the role of its action. For such remedies, a physician looks only to the inorganic kingdom; mere symptom-mongers have the universe at their command—no "pent up Utica" of pathology contracts their powers!

In this case, then, the first grand blunder consists in utterly ignoring the pathological anatomy underlying the whole symptomatic fabric. In doing this he also falls short of the high duty of the homoeopathic physician, namely, to interpret symptoms into their physiological and pathological *meaning*. The laxity of the affected muscles, and the wasting of the affected parts find their interpretation in the existing pathological anatomy.

Let us consider a more inclusive totality; an essential totality—meaning thereby including such elements as are *sine qua non*.

		Phos.	Nux vom.
1	Region of shoulder	3	3
2	Right upper extremity	4	3
3	Laxity of muscles	4*	?
4	Weakness of affected parts	3	3
5	Wasting of affected muscles	4*	?
6	Aggrava. from motion	2	3
7	" " letting limb hang down	1	1
8	Aggrava. from lying on right side	3	3
9	" " " painful side	3	3
10	" at night	4	3
11	" in the wind	4	4
12	" from uncovering	1	3
13	" after becoming cold	4	4
14	*Fatty degeneration of affected muscles*	4*	?
		44	33

The phosphorus valuations marked 4* are clinical and derived from this case. The aggravations from lying on the right, and on the painful sides are accepted so as to make a literal totality, and also because these modalities are actual elements of this case.

(Perkins, *Therapeutics of Rheumatism and Kindred Diseases*, gives as modalities of phosphorus, "Aggravation when lying on back, or on left side. Amelioration while lying on right side.")

For laxity of muscles nux vomica is marked ? in accordance with Hahnemann's teaching that only the primary symptoms of a remedy furnish its homoeopathic indications. As nux vomica is so diametrically the opposite of phosphorus in regard to this condition, why did not that fact exclude it from any consideration in the search for the *similimum?*

Then, instead of a tie (to be settled by considering nux vomica and phosphorus, we have the cabalistic 40 to 33 in a spurious totality; but when we include the all essential pathological anatomy, *fatty degeneration of the affected muscles*, we have phosphorus

Digitized by Google

44 and nux vomica 33. So much for mere counting of symptom noses!

But does not the pathological anatomist with that 14th rubric, fatty degeneration, "knock" nux vomica higher than the famous trial did Beecher's *Life of Christ?* And is not this case one which confirms the physiological action of phosphorus, and as loudly demands a new rubric in our repertory? And would not such rubrics precisionize prescribing and more closely approximate science?

With such rubrics our search for the similimum would include: 1. The pathologico-anatomical fact, *fatty degeneration.* 2. The regional anatomical fact of location, region of *shoulder* and *right* upper extremity. 3. The modalities which indicate the remedy producing *that particular fatty degeneration.* The first two of these elements give us the noun of this particular instance of disease; the third gives us the adjectives—the differentiating features. The whole would give us homoeopathy, the science of therapetutics, and the practice that science will acknowledge and adopt.

Let us look at such a totality:

	Phos.	Nux vom.	Sil.	Bry.	Merc.	Puls.
Region of shoulder.....	3	3	2	4	3	4
Right upper extremity	4	4	4	4	1	4
Agg. at night	4	3	4	2	4	4
" after becoming cold.....	4	4	4	4	4	4
" in the wind.....	4	4	0	1	0	4
" after uncovering.	1	3	4	3	2	1
Fatty degen. of muscle	4	0	0	0	0	0
	24	21	18	18	14	21

In the light of the underlying pathologico-anatomical condition, is it not evident that all these correspondencies of nux vomica, silica, bryonia, mercurius, and pulsatilla are not the adjectives of fatty degeneration of muscle, and therefore not elements of this case?

Contrast these valuations of two of the "remedies" pointed out by the spurious totality:

	Phos.	Puls.
Region of shoulder.....	3	4
Right upper extremity.....	4	4
Agg. at night.....	4	4
" after becoming cold.....	4	4
" in the wind.....	4	4
" on uncovering.....	1	1

How would the "mental symptoms" serve to decide when Boenninghausen's Concordance of the remedies rates them alike, 4 each. The pathologico-anatomical basis makes the distinction easy and positive.

Let us consider yet another table, showing that these adjectives pertain to a particular fatty degeneration; showing also that they are not generic but specific; from which it follows that pathologico-anatomical -conditions have their *similima* also, and thus conform to the demands of homoeopathic therapeutics; showing, still farther, that to ignore such *similima* is *non-homœopathic.*

It is known that four of the metals, antimony, argentum, arsenic, and phosphorus, produce fatty degeneration. Let us compare these with the totality that determines phosphorus to be the appropriate remedy for the fatty degeneration under consideration.

	Antim.	Argent.	Arsen.	Phos
Fatty degeneration.....	4	4	4	4
Region of shoulder	1	2	1	3
Right upper extremity.....	1	1	3	4
Agg. at night.....	3	0	4	4
" after beeoming cold..	0	0	1	4
" in the wind.....	0	2	3	4
" after uncovering.....	2	2	3	1
	11	11	19	24

decisive for phosphorus; the territories invaded are equally so, and these show what kind (subjectively) of a fatty degeneration of muscle phosphorus will cure.

Hush, I hear a voice from the Windy City, and its utterance is like the place of its geniture, *vox et prœterea nihil.* "With the exception," says Borborygmus, "of a few remedies from the toxic symptoms of which we have obtained pathological lesions, there is not now, and never can be in the future, a pathological similia."

When you don't mind what you say, how easy it is to say it! Easy enough also is it for a Dogberry to be written down an ———, and yet how superfluous is such a writing down!

Emerson called Abby Folsom "the flea of abolition conventions;" who is the flea of homoeopathic?

S. A. JONES.

Ann Arbor, 11th of September.

Digitized by Google

SURGICAL TREATMENT OF INJURIES TO THE HEAD.

In drawing your attention to this subject to-night, it is not my intention to go into detail of wound treatment, but to give you my views and experience in regard to a certain class of injuries which, at the time, seem very trifling.

What has caused me to read the paper to-night was the report of two cases in the city here within a short time, which, judging from the newspaper reports, I considered were very badly handled. The question "what shall I do when a patient presents himself with a small scalp wound," is the subject I wish to discuss. I do not propose to go into the detail of the wound treatment—of shaving the part, cleansing with antiseptics, checking hemorrhage, suturing, and dressing dry or moist, for these are matters on which we are all conversant and pretty well agreed. Should a patient enter your office with a clean cut wound and a history which you were sure was correct, that he had been cut by a razor or some sharp instrument, your course would be clear and no difficulties would present. On the other hand, in case a patient presented himself with even a slight wound which had been made by some blunt instrument, what course is then to be followed? The course in that case which I have followed, and which I think should be universally followed, is a radical one. My method of proceeding is to shave and prepare the parts the same as with any wound, then with my scalpel cut down upon the wound, enlarging it sufficiently so that I can see the skull after I have shoved aside the pericranium and examined it very closely to see if there is any indentation or fracture. In case of indentation or fracture to trephine the skull at the seat of indentation or fracture, removing all broken fragments and leave good drainage for any hemorrhage from the diploe or from the menengeal or similar arteries. The discussion of such an injury being upon one of the sciences, is outside the province of this paper.

In hospital practice the method is easily carried out. In private practice, there are many circumstances in the way that cause us to take a more conservative view of the case and close the wound and wait for symptoms. But can we afford to do so? I think most emphatically not, and in support of my position I will cite a few cases which have come under my notice.

Case No. 1 was that of a young man at my own home, who was knocked down by the falling of a tree and brought to his home unconscious. He continued this way from the 17th of December to the 1st of January. Then he regained consciousness, but was paralyzed upon one side of the body—the side opposite from the part of his head where he was struck. He gradually recovered, and all signs of paralysis disappeared except a slight impediment in his speech. Two years after he developed Jacksonian epilepsy, and soon became a burden to himself and his people. Upon making a visit home his people brought him to me and asked if I could prescribe for him. I told them my only prescription would be the trephining on the side of the head where the injury was and wanted him to return to Chicago with me and have it done. He did not do so, but finally went to Toronto, where they removed a large splinter of bone which was depressed on the brain. Have not heard whether the epilepsy is improved or not. In this case the surgeon's duty was very plain.

Case No. 2 was that of a policeman in Chicago, who some ten years before had been accidentally struck on the head by another policeman while fooling in the station. The wound was dressed and he felt no bad effects for quite a long time, when he became the subject of epileptic fits, which had almost reduced him to imbecility. He was trephined at the hospital but without benefit to the epilepsy.

Case No. 3 was typical of many cases which I had in Cook County Hospital, Chicago. Patient was a man about 30, who had a very short scalp wound. He showed no symptoms to indicate any serious injury except that he would cry a great deal (a symptom I have often noticed in skull fracture) and acted very much like a man under the influence of liquor.

Digitized by Google

On opening wound I found an indented fracture where a piece of bone about the size of a quarter was shoved right on the brain Trephined the skull and removed the bone, and patient recovered quickly and had no further untoward symptoms.

Case No. 4.—Patient a man about 40, had been struck on the head with a shovel in several places. The scalp was very much swollen and patient seemed quite crazy. No fracture was found at point where the scalp wound seemed to be the worst. He was put to bed and dressings put on the head. In reply to the inquiry of his friends, I told them that I was still under the impression that we could find a fracture there as soon as the swelling was removed. This proved true and in a few days operated and found a fracture extending clear from the lamboidal suture at the back to the coronal suture at the front. A large piece of bone was removed and although it was unexpected at the time, he recovered from his wound and also recovered his reason, so that he was able to continue his business. Notwithstanding that there was a great deal of hemorrhage and a very extensive fracture and depression of the bones, he was not at any time unconscious; suffered no paralysis; never had any temperature.

Case No. 5 was that of a darkey who walked into the hospital two days after he was struck on the head with an axe. Complained of no pain, had no paralysis, and had no dressing on the wound. On examining it, found that he had a depressed fracture fully 3 inches long where a piece of bone about ½ an inch wide was pressed down upon the brain substance. He made a rapid and uneventful recovery.

In referring at length to so many cases, I have had two objects in view. One was that the symptoms arising from such injuries are so variable and unreliable and so frequently entirely absent, that it is impossible to place any reliance upon them as giving the surgeon any definite information regarding the extent of the injuries. The second was the fact that so many of these apparently trifling injuries are followed in the course of two or three years by Jacksonian epilepsy. This disease is such a serious one and resists both surgical and medicinal treatment so obstinately that in the treatment of these injuries we should always keep it in mind and practice preventive surgery as strenously as we are admonished to practice preventive medicine.

Geo. B. Maxwell, M. D., Wyandotte, Mich.

VAGINAL HYSTORECTOMY.

Mrs. M——, married, age 31 years, height 4 feet 10 inches, weight 65 pounds, brunette. Mother of one child 8 years old.

Has been suffering for the past four years and has been under the care of many physicians, who treated her for "womb trouble" and various other troubles. About four years ago the uterus was curetted and some benefit resulted from it. Each menstrual period was accompanied with much pain in the ovarian regions, especially in the left side. So great was the pain at times that her knees would be drawn up to her chin and she would be in a dripping perspiration.

Two years ago the pain in the left side became very severe, with bearing down sensation through the entire pelvis, accompanied by a profuse purulent discharge from the vagina.

Her appetite was good, but immediately after eating would vomit, often 6 or 7 times a day, and as many times during the night. This condition had lasted about one year and a half.

The vomiting was so severe that she would occasionally vomit blood.

Twice within the past year during an unusually severe paroxysm of vomiting there was hemorrhage from the bowels, which was so profuse that the physicians then attending her, packed the entire abdomen in ice.

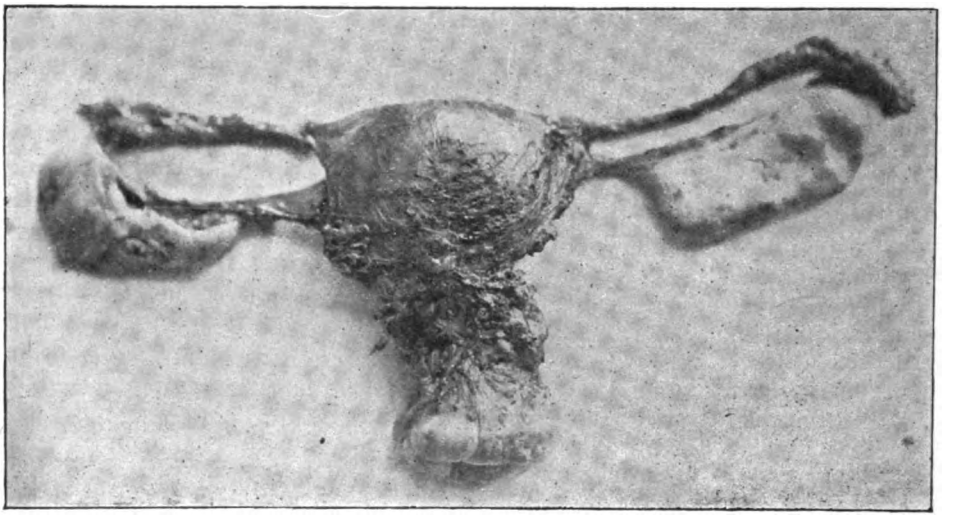
She was also treated for catarrh of the stomach and the stomach was washed out regularly for some time.

Still another physician thought she was pregnant. But like the woman of old, she was nothing bettered, but rather grew worse.

At the time I first saw her she was using from 1 to 3 grains of morphine a day.

I found upon physical examination exten-

Digitized by Google



sive laceration of the cervix, ovaries greatly enlarged and exquisitely painful; oftentimes the weight of the bed-clothes was painful to the touch.

I faithfully tried all of the indicated remedies and curetted and packed the uterus again, but with very little benefit.

I explained to the patient her condition and advised hysterectomy and after some little persuasion she consented.

On the morning of July 13, 1896, I performed vaginal hystorectomy, using the Pratt method.

No ligatures were used—the arteries were simply whipped over, as Dr. Pratt recommends.

In this operation I was ably assisted by Dr. Rosenberger, of Covington, who gave the anaesthetic, and by Drs. Loy and Wolcott, Mrs. J. C. Fahnestock and the nurse, Miss Young.

I found cystic degeneration of both ovaries which were as large as the uterus, and so friable that they ruptured on being removed, as can be seen in the illustration.

After patient was put in bed-and-hypodermic of 1 100 gr. stryc. was administered.

Vomited once in the afternoon, as the result of "eating on the sly," a short time before the operation. Temperature the first day 99° and slept from one to three hours at a time. Temperature during entire course ranged from 99° to 101°.

Took nourishment and progressed favorably until the sixth day, when the "kitchen mechanic" created a disturbance which made the little woman "spunky" and her temperature flew up to 102 2-5°, which lasted about three hours, then gradually going down to 99°.

She was perfectly comfortable, had no pain at all. The eighth day used vaginal douch although there was no discharge, nor was there any purulent discharge at any time.

On the tenth day she was up and dressed and free from pain—said she felt as though there had never been anything the matter.

Has good appetite, sleeps all night.

In 20 days she gained 13 pounds, and was out calling on her friends, a perfectly well woman.

J. C. Fahnestock, M. D., Piqua, O.

Digitized by Google

VAN DENBURG'S NEW MATERIA MEDICA.

We give our readers two sample pages of Dr. M. W. Van Denburg's New Materia Medica. The excerpts are taken from his study of *Arsenicum Album* in its *condensed* form.

In the *full form* the symptoms manifested by each prover or toixc case are grouped under his personal designation in such a way as to show their succession in time; their concomitant symptoms are shown by brief abbreviated references accompanying each symptom.

Muscular, Fibrous and Osseous Systems.

(Sensations, Pains, ane Tissue Changes.)

29. Head.

Throbbing in the head and face as of maturing abscess. (T. 3.) *Bov*, (G.)

Burning and tearing behind the l. ear. (T. 3; Hu.). *Asar*, (G.).

Swelling of the whole head. (Hn.).

(a). FACE, NOSE, AND LIPS.

**(Al.) Face swollen. (T. 3; Al.). *Apis, bell*, (G.).

***(K.) Vesicles on the lips. (T. 1, 3; Al.). *Clem Coni, hell, nat-c, nat-m, tart-e*, (G.).

30. Thorax and Upper Extremities.

(a). NECK AND THORAX.

Stiff neck. (T. 3.). *Ig, kal-c, phos, *rh-t, sep*, (G.).

***(K.) Stiffness of the neck as strained or bruised, (Hu.). *Prun s*, (G.).

The cervical vertebræ pain on pressure. (T. 3.).

Neck and back stiff. (Stillé.). *Nat-m*, (G.).

***(K.) Drawing pain in the back, up and down. (Hg.). *Climic, hell*, (G.).

***(K.) Small of back pains as if broken. (K.).

Stiff neck, pain in the back, chilly all over. (T. 3.). *Gels, mez, puls*, (G.).

Spine stiff from coccyx upward. (Hn.). *Ac, bell, eup-per*, (G.).

Clucking in the muscles of the back. (Hu.).

Periodical left-sided neuralgia. (T. 3.). *Cycl, nit-ac*, (G.).

Head drawn spasmodically to one side. (T. 3.). *Lyc, lachn*, (G.).

Pains in the l. side of neck and body seem to leave the body contracted on that side. (T. 3.). *Guiac, lyc*, (G.).

†The pains are increased by touching the well side. (T. 3.) *Coloc, n-v*, (G.).

Terrible l. side neuralgia, leaving the parts numb. (T. 3.).

30. Thorax and Upper Extremities.

(b). ARMS.

Crampy feeling in the l. shoulder, cannot move the l. arm. (T. 3.)

Neuralgic pain in the r. arm and shoulder, with numbness. (P. 13.) *Physost*, (G.).

Tearing and shooting in the r. armpit.)Hn.). *Cast-eq*, (G.).

Tingling in the axilla for 8 days. (T. 15.).

Heaviness and formication of the upper extremities. (Al.). *Ac, bell, ran-b, sec*, (G.).

(c). HANDS.

**(Ed.) Paralysis of hands and feet (see 10 c). (T. 2, 10, 11, 13, 14, 15, 16; Hn., Hg., Al.). *Bell, caust, nice, n-v*, (G.).

Numbness of 4th and 5th fingers of l. hand. (P. 14.).

Drawing, tearing pains from the fingertips to the shoulders. (Hn.)

Painful spasms in the hands and calves. Hn..)

Tonic cramps in the fingers. (T. 3.). *Calc, cup, sec*, (G.).

Shooting in the bones of the hands. (Hn.). *Con-sat*, (G.).

Trembling and pricking in the hands and feet. (Hn.). *Ac rh-t*, (G.).

Swelling and numbness in the hands and feet. with occasionally great pains in them. (Hn.). *Apis*, (G.).

31. Small of Back and Lower Extremities.

(a). SMALL OF BACK.

Pain in the sacrum. (Hn., Al., Hg., T. 3; F. 3.). *Calc-c, ig, lach, n-v, puls, rh-t, sec*, (G.).

Bruised pain in the sacrum. (Hn., Hg.). *Fluor-ac, nat-s, rh-t, ruta, ver-a*, (G.).

Want of strength in the small of the back. (Hn., Hg.). *Calc-ph*, (G.).

Digitized by Google

Severe pain in the loins was present in every case. (T. 3.). *Ac, am-m, rh-t,* (G.).

Recurring severe pains over the lions, with stiffness of the nape. (T. 3.). *Gels,* (G.).

Pain in the loins increased by pressure. (T. 3.). *Bapt, lob,* (G.).

---

†An encesive, ardent pain in the back highly increased by touching.

Rending between shoulder-blades with desire to lie down' (Jahr's M., 1828.)

NOTES OF HOMOEOPATHIC PROGRESS ABROAD FROM THE RECENT CONGRESS.

W. A. Dewey, M. D., Ann Arbor, Mich.

Switzerland has twenty homoeopathic physicians.

The Medical Society of Zurich has forbidden its members to consult with a homoeopath.

In the Bernese oberland many of the peasants treat their cattle homoeopathically. An establishment near the Lake of Thun for the treatment of neurasthenia and chronic affections has been founded by a homoeopath.

At Oporto, in Portugal, in the San Antonio Hospital, two wards are given over to homoeopathic treatment. There is also a private hospital for children exclusively homoeopathic.

There are three homoeopathic pharmacies in Lisbon and two in Oporto.

A small homoeopathic hospital exists in St. Petersburg, and they are building another and larger one which will be opened next year. Homoeopathy has been violently attacked recently in the political journals of St. Petersburg. The attacks were all victoriously refuted by the homoeopathic physicians. Even the Russian Medical Academy forbade the publication of homoeopathic works. This was immediately annulled by the Minister of the Interior upon a petition from the Homeeopathic Society.

A few medical journals little known, but doing good work, are The Homoeopathic Physician, of St. Petersburg; La Salute and L'Omeopatia, in Italy, and The Homoeopathia in Hungary.

Germany has 400 homoeopathic physicians, Italy 52, Portugal 30, and Russia 50.

A gift of 150,000 francs has been obtained to furnish homoeopathic service in the hospital in Verona. A small homoeopathic hospital exists in Turin.

Homoeopathic pharmacies are numerous in Calcutta. There ae two schools teaching the theory of homoeopathy, a well-attended dispensary and a journal devoted to the cause.

There were 500 patients admitted to the homoeopathic hospitals of Paris in 1895 and 103,473 prescriptions made at the dispensaries.

In The Hague, in Holland, is a lay society for the propagation of Homoeopathy. It furnishes young doctors the necessary resources to study homoeopathy in foreign countries and is taking steps to have homoeopathy taught in the universities.

Paris has 65 homoeopathic physicians, a large number of pharmacies and two hospitals.

Dr. Bakody, of Buda-Pest, professor of homoeopathic materia medica in the Royal University of that city, recently delivered a lecture on "Nux Vomica," which was translated and reproduced in the Journal Belge d'Homoeopathie, by Dr. E. Nyssens. It is an admirable study of that remedy.

A new homoeopathic journal has just appeared in Madrid called El Propagador Homoeopatico. It is the organ of the Homoeopathic Institute and Hospital of San Jose.

A new society of homoeopathic physicians has been established in Germany with the aim of protecting the right of dispensing their own medicines, which right is being threatened by the Prussian Government. The new society numbers 74 members.

HERING MEDICAL COLLEGE.

It was our good fortune recently to visit, in company with the Dean, Dr. H. C. Allen, the new building of the Chicago Hering Medical College, now rapidly nearing completion. The building is situated on the south side of Chicago, on Rhodes Avenue, near Thirty-ninth Street, and although begun late in the summer, will be ready for occupancy

Digitized by Google

when the fall term begins. The building is of light brick, trimmed with gray stone, 45 by 85 feet in dimensions, and light on all four sides.

On the ground floor will be found the main clinic reception room and its toilet room; general and special clinic and sub-clinic rooms; dispensary (general); gents' toilet room; store rooms; supply room; janitor's quarters and boiler room.

On the first floor are Secretary and Treasurer's room; Faculty and Trustees' room; men's locker and lounging room; ladies' locker and toilet rooms and two large lecture halls.

On the second floor are found a large and commodious library and study room, museum, microscopical, physiological and bacteriological laboratory, preparation room and the general amphitheatre.

On the third floor are found demonstration or class rooms, chemical and toxicological laboratory, store room and the dissecting room with separate locker and wash room.

Furnishing and equipment to be thoroughly up to date in every respect. An elevator in the rear communicates with all floors, and the building is heated throughout by steam.

The Hering endeavors to give, in addition to a complete course of surgery, gynecology, obstetrics and the diseases of all the special organs and regions of the body, a systematic and comprehensive training in the homoeopathy of Hahnemann. The principles and practices of the healing art as expounded in the Organon do not consist in the theory of potency, high or low, but in the selection of the remedy. With this in view, daily lectures for the four years are given upon both Materia Medica and the Organon.

The faculty of the Hering are attendants at the Baptist Hospital and the National Temperance Hospital, and their proximity enables the students to fully avail themselves of the large amount of clinical material furnished by them.

Great credit is due Dr. Allen and his confreres for their earnestness and energy in bringing in the short time of four years their college to its present high standard of efficiency.

MEETING OF THE NEW YORK STATE SOCIETY.

The Homoeopathic Society of the State of New York and the Western New York Society held a combined meeting at Rochester, September 22 and 23.

The morning session was opened with a prayer by Rev. J. W. A. Stewart, D. D., after which President Edwin H. Wolcott, of this city, addressed the delegates. One matter which Dr. Wolcott commented upon at length was the indifference toward the organization manifested by so many homoeopathic practitioners.

The remainder of the session was taken up with the Bureau of Neurology in charge of Dr. W. M. Butler, of Brooklyn. Dr. J. T. O'Connor, of New York, submitted a paper entitled "Neurosis, Indirectly Caused by the Complete Removal of the Prepuce." "Multiple Neuritis" was the subject of a paper by Dr. P. W. Neefus, of this city. "Melancholia with Stupor," by Dr. W. M. Butler, "Obstacles in the Successful Treatment of Inebriates," by Dr. A. Spencer Kinney, of Middletown, and "A Case of Acromegaly," by Dr. Clara Barrus. The bureau closed with a paper entitled "The Friends (?) of the Insane," by Dr. Maurice C. Ashley, of the Middletown State Homoeopathic Hospital, in which he defended the hospital authorities against the common criticism which is passed upon them for what is termed rough and undue treatment.

"I do not wish," said Dr. Ashley, "to appear to underestimate the value of friends in caring for and treating the insane. Many times a friend is of great assistance in rescuing the mind of the patient from mental darkness. It is not to these sensible friends I refer, but to the thoughtless, unreasonable and injudicious visitor, friend and correspondent with whom we have to deal and from whom we have to protect our patients; those who visit the hospital and demand admission; those who are allowed to see the patients, and who leave all kinds of dangerous weapons, implements and drugs with which a patient might injure himself or destroy his life or that of some other patient; also those who write letters of distressing and injurious character. This class of people is met with

Digitized by Google

almost every day in every hospital for the treatment of the insane. The authorities must be, and are, constantly on the alert to protect the patients from their friends."

A number of instances were cited illustrating the injurious effects which visits or letters from friends had worked upon the insane patient. Continuing, Dr. Ashley said:

"Almost daily we are compelled to refuse admission to friends who would only disturb and distress the patient; friends who, when they see the patient, burst into tears, and not only distress the one patient, but many others who may be near. They will tell the patient that he must not stay here longer; that it is cruel to leave him among such people; they will come to the office and demand that the patient be allowed to go home at once.

"Another point is the deception practiced upon patients by their friends or public officers in taking them to the hospital. They are almost always deceived by being told that they are to go to the country to board for the season; a railroad trip has been planned or they are to visit the hospital merely to look around. The late Dr. Gray, of the Utica State Hospital, once said: 'In conveying a patient to the asylum, let it be done by force rather than by deception. Truth should not be compromised by planning a journey to the country or a visit to the asylum, and when there suggesting the idea of the patient staying, while the admission was already decided upon; nor should patients be induced to come and stay a few days to see how they like it, under the impression that they can leave at pleasure. Such treachery not only destroys confidence in friends, but also too often in us, by the seeming conspiracy to which we are supposed to be a party, than which there can scarcely be a greater barrier to improvement.'"

The afternoon session was taken up with the Bureau of Opthalmology and Otology in charge of Dr. E. J. Bissell, and the Bureau of Gynaecology, in charge of Dr. DeWitt G. Wilcox, of New York. Before the session closed the report of Chairman J. M. Lee, of the Legislative Committee, was heard and adopted.

The evening session was opened with a paper by Dr. G. R. Stearns, of Buffalo, upon "Lycopus in Exophthalmic Goitre." Other papers were submitted as follows: "Heat Prostration Treated at the Flower Hospital," by Dr. E. P. Rudderow, of New York; "The Present Scientific Status of the Roentgen Radiator," by Prof. H. E. Lawrence, of the University of Rochester; "The Ulcerative Stage of Typhoid Fever," by Dr. W. W. Van Baun, president of the Pennsylvania Homoeopathic Society; "Alcohol Not a Remedial Agent," by Dr. Myra A. Gillette, of Medina; "Ordinary Intoxication," by Dr. H. W. Hoyt.

SANITATION OF DRINKING WATER.

Prof. C. W. Dodge, of the University of Rochester, addressed the physicians on "The Sanitation of Drinking Water." He spoke as follows:

"One of the most important duties which every community owes to itself is to provide an abundant supply of pure drinking water, and, having done so, to use every precaution to protect it from contamination. Water may be regarded as chemically suitable when it is free from unpleasant tastes and odors and from a superabundance of lime, free ammonia and sodium chloride. Considered biologically, water may be said to be fit for drinking when it is free from disease producing organisms.

"The sources of water supply are lakes, flowing streams, wells and springs. The water of each of these is liable to be rendered unfit for drinking purposes either by natural processes or by the carelessness of human beings. In almost every instance the common supply for a given community is drawn from a lake or river. No water supply in this country drawn from a lake or river is more than fairly clean, unless it has been subjected to filtration."

MANY SPECIES OF BACTERIA.

"About two hundred species of bacteria are found in water and this bacillus has been by various investigators shown to be able to live in ordinary drinking water from one to four weeks. Abundance of time is thus available for its migration from one person to another. Besides the bacillus of typhoid fever, there are about twenty-five other spe-

Digitized by Google

cies of pathogenic bacteria which have been found in water and which are likely to come from sewage contamination.

"The question arises, How are we to get water free from pathogenic bacteria, parasitic worms and the numerous other impurities? In reply it may be said that filtration does much, but not all, to insure a suitable supply. The bacteria and other parasitic forms may be removed by this process, but not always the odors and tastes. Boiling if sufficiently prolonged, will kill all the or-organisms. This is a safe and easy remedy to apply, but many people dislike the taste of water which has been boiled. The taste will not differ materially from that of unboiled water, if that which has been boiled is allowed to stand for an hour or so in the open air. But boiling does not always remove the disagreeable tastes, it often intensifies them. These must be checked at their source, if possible, but the method of doing so is difficult to give in any particular case. Theoretically it may be said to consist in the destruction, or at least, holding in check, of the organism which is the cause of the trouble, but with our present knowledge, this is scarcely possible.

"As an example of the kind of information we must have before we can properly protect our water supplies by balancing organism against organism is furnished by the scale bug, which attacks the orange trees in California and by its enemy, a species of Australian lady bug. The scale bug was the most destructive insect pest in California and annually caused thousands of dollars worth of damage, in fact, even threatened the extinction of orange growing in that state. A few years ago advantage was taken of the fact that Vedalia, an Australian lady bug, is the natural enemy of the scale bug. Numerous specimens of Vedalia were imported and turned loose in the orange orchards with the result that, finding an abundance of food in the bodies of the scale bugs, they have multiplied to such an extent as to keep the latter in check.

"One more instance may be given for the purpose of showing, not a means of exterminating a noxious organism, but of fostering the development of one whose good offices are desired. The first attempt to grow red clover in Australia resulted in a fine crop the first year after the imported seeds were planted, but in the second year no crop whatever developed from the seed raised in that country. Repeated attempts to raise seed in plants grown from imported seeds invariably resulted in failure. Finally it was learned that there were no insects in Australia which visited the clover blossoms and brought about pollination and the consequent fertilization of the ovules, thus ensuring a crop of seed. The insects which naturally do this are the bumble bees. A number of these were shipped to Australia, which they have since multiplied, and it is now possible to raise red clover from seeds grown in that country.

"These are only a few illustrations of what may be accomplished by the economic employment of biological knowledge, and it is suggested in closing that perhaps the time is not far distant when our water supplies may be kept free from natural contamination by combatting the causes of pollution by natural means. The sand filter with its slimy film of bacteria is efficient as a filter, but we may sometimes learn that it is possible to check the too abundant development of an undesirable organism by dredging out and thus deepening that portion of the body of water in which it lives; or by changing the nature of the bottom from clay to sand or to pebbles, as may be necessary; or by making the water so shallow that the organism cannot withstand the strong sunlight to which it would be exposed or so deep that there is not sufficient light for it to thrive; or by the introduction of another organism which will destroy it. To mention but a single instance, could we but find the lair of the plasmodium malariae and a means of destroying it, and thus keeping it out of our water supply, it would be a discovery second not even to the greatest in medicine in its value to mankind."

Prof. Dodge was followed by J. W. Candee, of Syracuse, who discussed the preparation and use of the disinfectant, formic aldelyde. The Bureau of Public Health was closed with an interesting paper on "Vaccination as a

Digitized by Google

Proplylactic of Variola," by Dr. W. B. Carman, of this city.

The remainder of the session was occupied by the Bureau of Surgery. "Interscapulothoracic Amputation" was the subject of a paper by Dr. William G. Bishop, of New York, and "Surgical Tuberculosis," by Dr. S. F. Wilcox, of New York.

SESSION WEDNESDAY, SEPT. 23.

President E. H. Wolcott presided at the session, which was principally taken up with matters of business. A letter was first read from Dr. A. R. Wright, of Buffalo, chairman of the New York State Committee on the Hahnemann monument. The letter stated that work on the monument was being pushed rapidly, but that there was an immediate need of funds in order that it might be completed.

A very important matter was introduced by Dr. Moffat. It was the question of expert medical testimony in the courts, and the New York State Homoeopaths have taken a step toward bringing about a much needed reform in the present system. It is suggested that the physician who is to give expert testimony for plaintiff or defendant be named not by the attorney of either side but by the court. In this way it is thought that the calling of incompetent physicians to give expert testimony, as often occurs at present, will be avoided. Only such experts should be selected by the court as are recognized to be proficient in special lines by the medical fraternity itself, and if a list of experts in various lines be supplied by the physicians, the court would experience no difficulty in obtaining competent witnesses.

A committee to investigate the question of expert testimony and report upon a plan at the next meeting of the society was named as follows: Drs. E. H. Porter, New York; E. H. Wolcott, Rochester; H. M. Dearborn, New York; F. Park Lewis, Buffalo; John L. Moffat, Brooklyn; W. G. Peckham, LL. B., New York.

MEDICAL LEGISLATION LEAGUE.

President Wolcott was also empowered to appoint a committee of representative physicians to organize a State Medical Legislation League. Dr. Wolcott announced this committee as follows: Drs. E. H. Porter, New York; A. B. Norton, New York; A. F. Couch, Fredonia; DeWitt C. Wilcox, Buffalo; J. M. Lee, Rochester; J. W. Candee, Syracuse; E. G. Cox, Albany; W. M. Butler, Brooklyn; H. D. Schenk, Brooklyn, and E. H. Wolcott, Rochester.

The remainder of the session was taken up by the Bureau of Obstetrics in charge of Dr. L. L. Danforth, of New York, and the Bureau of Paedology in charge of Dr. W. S. Garnsey, of Gloversville. A number of interesting papers were presented.

The convention then adjourned.

THE MISSOURI VALLEY HOMOEOPATHIC MEDICAL ASSOCIATION.

The third annual meeting of the Missouri Valley Homoeopathic Medical Association met at Omaha, Neb., Sept. 1, 2, 3. The attendance, though not as large as had been anticipated, was made up of the spirited and progressive element of western Homoeopaths, who, by their activity and interest, both in the discussion of papers and the routine business, succeeded in making this one of the most profitable and interesting medical meetings ever held in the West.

The program was large and so well represented that it required considerable executive ability to conserve the time for its proper rendering. The ability was amply supplied by the model President, Moses T. Runnels, of Kansas City, Mo.

Tuesday morning's session was devoted to the reading of the minutes of the last meeting at Kansas City, Mo., in October, 1895, the election of Temporary Recording Secretary and general business. Dr. J. E. Mann was chosen for Secretary pro tem. and Dr. O. S. Wood, Omaha, for Treasurer.

Tuesday afternoon session.—At 2 o'clock p. m. the formal address of welcome by the Hon. W. J. Broatch, Mayor of Omaha, and on behalf of the local medical fraternity by Dr. D. A. Foote, Chairman of Committee on Arrangements.

The President responded in a short talk and then proceeded with the president's address, "Some Obstructions to Medical Progress," by Moses T. Runnels, Kansas City, Mo.

This was a treat, in which all partook with

Digitized by Google

benefit. Among the many things mentioned as obstructions were greed for money, lack of a progressive spirit, low educational requirement of matriculants, lack of preliminary education, lack of a national law governing the practice of medicine, the propriety [illegible] patent medicine nuisance.

Speaking particularly of Homoeopathy, the Doctor said: "The Homoeopathists are like Gideon's army in comparison with the opposing allopathic Midianites and medical adventurers, and with "Similia similibus curantur" on their banner they will win as did Gideon, [illegible]hat victory will not be achieved until many of the false representatives of the cause have been sent to the rear."

The American Institute came in for proper censure for its careless admission of members and lack of diligent censorship over the Homoeopathic colleges. As a school we should unite in all things pertaining to our interest. We should favor the enactment of a governmental law regulating the educational and licensing system so that we can meet our opponents under the law as their equals. Then, and not till then, can we expect to be considered equally eligible to appointment as examiners for insurance companies and to the army and navy.

Instead of increasing our medical schools the prematriculate requiremets and the standing of the schools themselves should be so elevated as to decrease the number already in existence.

Following the appointment of Committee on President's Address, which consisted of Drs. A. P. Hanchett, S. J. Quinby and L. C. McElwee, the Bureau of Materia Medica was called and the following papers were read in order:

"Glandular Tuberculosis, with Clinical Case," S. J. Quinby, M. D., Omaha, Neb. Discussion by W. J. Hawkes, M. D., Chicago, and J. E. Mann, M. D., Omaha.

"Erroneous Prescribing," E. L. Alexander, M. D., Omaha. Discussion by Drs. Quinby, Hawkes, E. B. Finney, P. J. Montgomery, J. G. Gilchrist, L. C. McElwee, H. S. Miner, W. A. Hubbard, C. G. Sprauge, C. W. Hayes, W. A. Worley and essayist.

"A Hidden Dyscrasia," E. N. Leake, M. D., Fremont, Neb. Discussion by Drs. Hawkes, McElwee and esayist.

"Clinical Reports," Mary J. Breckenridge, Omaha, Neb. Discussion by Drs. McElwee and essayist.

"Uterine Hemorrhage," C. G. Sprague, M. D., Omaha, Neb. Discussion, Drs. McElwee, D. A. Foote, J. L. Hanchett, Quinby, W. T. Kile, Hubbard, Leake, Hawkes and essayist.

Tuesday evening's session was opened with music, followed by Bureau of Paedology and reading of the following paper: "Circumcision in the Treatment of Nervous Diseases of Children," E. B. Finney, M. D., Lincoln, Neb. Discussion, Drs. Montgomery, McElwee and essayist. The remainder of the evening was devoted to reviewing the Grand Civic and Military Parades, a features of the Carnival week.

Wednesday morning session.—The Bureau of Surgery was called and the following papers read.

"Homoeopathy and Surgery," D. A. Foote, M. D., Omaha, Neb., chairman of bureau.

"Home Surgery," L. C. McElwee, M. D., St. Louis, Mo.

Discussion, Drs. Streeter, Leake, J. L. Hanchett, Finney, Humphrey and essayist.

"Pelvic Abscess and Its Treatment," E. B. Finney, M. D., Lincoln. Discussion, Drs. Streeter, McElwee, Leake, Gilchrist, Miner, Alexander, and essayist.

Remaining papers of bureau ordered read and discussed together.

"Appendicitis," W. H. Hanchett, M. D., Omaha, Neb.

"Hernia, Its Surgical Treatment and Radical Cure," Wm. D. Foster, M. D., Kansas City, Mo.

Afternoon Session.—

"Morals and Ethics of Specialism," J. G. Gilchrist, M. D., Iowa City.

Discussion of the above papers, Drs. Hawkes, Streeter, J. L. Hanchette, McElwee, Van Scoyoc, Wood and Neumeister.

The next paper was "Treatment of Retroversion of Uterus," John W. Streeter, M. D., Chicago.

Discussion, Drs. Remington, Miner, A. P. Hanchett, W. H. Hanchett, and essayist.

"Orificial Surgery and Its Results," A. E.

Digitized by Google

Neumeister, M. D., Kansas City Mo.

Discussion of these able papers was prevented on account of lateness of the hour and adjournment till 8 o'clock was taken.

Evening Session.—The feature of this session was the eloquent and spicy address on "The Centennial of Homoeopathy," by N. B. Delamater, M. D., Chicago.

This was followed by an informal social good time, enlivened by orchestral and vocal music, and a pleasant view of the parades and floats of "Nebraska Night" of the carnival.

Thursday morning session was occupied in the reading and discussing the following:

"What shall We Do With Our Materia Medica?" S. J. Quinby, M. D., Omaha, Neb.

Discussion, Drs. Hawkes, Hubbard, H. V. Halbert, and essayist.

"Eupatorium Perfoliatum," A. P. Hanchett, M. D., Council Bluffs, Ia.

Discussion, Drs. Delamater, Hubbard, W. H. Hanchett.

"Neurasthenic Headache, Its Cause and Cure," H. V. Halbert, M. D., Chicago.

Discussion, Drs. Hawkes, Hubbard, McElwee, A. M. Linn, and essayist.

The election of officers and fixing of place of next meeting was ordered.

President, W. H. Hmphrey, M. D., Plattsmouth, Neb.

Vice-President, L. C. McElwee, M. D., St. Louis, Mo.

General Secretary, A. M. Linn, M. D., Des Moines, Ia.

Recording Secretary, J. E. Mann, M. D., Omaha, Neb.

Treasurer, Sarah Smith, M. D., Council Bluffs, Ia.

D. A. Strickler, M. D., Denver, Colo., to vacancy on Board of Censors, and Moses T. Runnels as a member of the Legislative Committee.

Des Moines was selected as the next place of meeting.

Afternoon Session.—

"A Consensus of Opinion on a Few Nerve Remedies," A. M. Linn, M. D., Des Moines, Ia.

Discussion, Drs. A. P. Hanchett, H. V. Halbert, and H. S. Miner.

"The Effect of Modern Civilization upon Mental Diseases," A. H. Dorris, M. D., Lincoln.

Discussion, Drs. Halbert and Miner.

"Selection of Remedies in Nervous Diseases," N. B. Delamater, M., Chicago.

Discussion, Drs. Dorris, J. M. Worthen, Leake, and A. P. Hanchett.

"Why I Alternate," E. G. Linn, M. D., Mt. Pleasant, Ia.

Discussion, Drs. J. L. Hanchette, A. P. Hanchett, Miner and A. M. Linn.

"Something New in a Surgical Splint," J. L. Hanchett, M. D., Sioux City, Ia.

"The Indicated Remedy vs. the Knife," Freeda M. Lankton, M. D., Omaha, Neb.

Discussion, Drs. Runnels, W. H. Hanchett, Hubbard, and Worthen.

Refraction," J. E. Mann, M. D., Omaha, Neb.

Reports of Treasurer, auditing and other committees were then received.

Evening Session.—The early evening session was devoted to the consideration of matters pertaining to the welfare of the association and resulted in the appointment of a Committee of Publication, composed of Drs. D. A. Foote and Moses T. Runnels, with full power to secure funds and publish the proceedings and papers of the meeting for gratuitious distribution among the members having their dues fully paid.

Visiting delegates were then appointed to the various societies.

The report of Censors show a steady increase in membership, there being twenty-four new members elected during this meeting. Attendance was about one hundred. Total membership now numbers one hundred and fifty, which insures its success.

Adjourned sine die.

MOSES T. RUNNELS, M. D., Kansas City, President.

J. E. MANN, M. D., Omaha, Neb., Recording Secretary.

Thirty Days' Credit.—The doctors of Stanford, Ky., have issued a circular giving notice that hereafter their bills must be paid every thirty days in cash or negotiable notes.

Digitized by Google

THE MEDICAL COUNSELOR.

A Journal of Homœopathy and Collateral Sciences. Published Monthly by The Medical Counselor Publishing Club, 6 West Adams Avenue. Detroit, Mich.

EDITOR,
Stephen H. Knight, A. M., M. D.

ASSOCIATE EDITORS.

Materia Medica.—M. W. VAN DENBURG, M. D. Fort Edward N.Y
R. MILTON RICHARDS, M. D., Detroit.
Surgery.—CHAS. S. MORLEY, M. D., Detroit.
Medicine.—ROLLIN C. OLIN, M. D., Detroit.
Eye, Ear, Nose, Throat.—D. A. MACLACHLAN, M. D., Detroit
Obstetrics, Gynæcology and Pædology.—
E. LOUISE ORLEMAN, M. D.,
MARY THOMPSON STEVENS, A. B., M. D., Detroit.
Diseases of the Chest.—W. R. MCLAREN, M. D., Detroit.
Mental and Nervous Diseases.—W. A. POLGLASE, M. D., Lapeer.

COLLABORATORS.

M. C. SINCLAIR, M. D., Grand Rapids, C. G. CRUMRINE, M. D. Battle Creek, D. M. NOTTINGHAM, M D., Saginaw

Subscription price Two Dollars per year. Single copies 20 cents.

Communications are invited from all parts of the world. Contributions, books for review and exchanges should be addressed to the Editor, **14 Willis Ave. West,** *Detroit, Mich.*

Business letters and remittances should be addressed to Rollin H. Stevens, M. D., Business Manager, 6 West Adams Avenue Detroit, Mich.

Editorial.

The Removal of the Ann Arbor School.

We have been lead to say a few words upon this somewhat hackneyed subject because of a recent editorial in the *Medical Century* in which all the trouble was ascribed to the jealousies of two members of a former faculty and secondly because of the appearance of the first of a series of communications signed "Pontiac" throwing light upon the inner history of the school.

Those who have desired and advocated the removal of the school long before the two professors referred to, clashed against each other, did so because they believed it to be for the best interests of the school, not as President Angell maliciously puts it, because they desired its ill success while located at Ann Arbor.

The adherents of removal believe on principle, that the best place, in fact the only place, for a medical school is in a large city, the larger the better. The laboratories and library of a literary college cannot make up for the lack of clinical material. Harvard University so thoroughly appreciates this that it is especially advertised that the medical department is in Boston, to take advantage of the clinical material always present in a large city. The great schools of Chicago are departments of universities twenty-five to fifty miles away. Surely when a student can graduate at the present time from the Homœopathic School at Ann Arbor without having witnessed a case of obstetrics, there is need either of moving to a place of more abundant material, or else of emphasizing that branch of study.

Again in brief we believe that the soil of Ann Arbor is not congenial to Homœopathy, while the neighboring city of Cleveland has two colleges of one hundred and fifty or more students each, Ann Arbor has but thirty-two, and never more than seventy.

We believe the policy of mixed instruction is not a good one for Homœopathy. Both inside and outside of college, there are too many "false gods" bidding for the homage of our practitioners, consequently when the minds of students are in the formative period and they are diligently applying themselves to find out what is actual, material, every-day homœopathy, then should we be careful that they be fed on the substance and not the husks.

The regents through the public print and otherwise, have caused the rumor to be circulated, that they were favorable anyway to the removal of the last two clinical years to Detroit. As yet we have seen no tangible evidence of it. They have made new contracts with professors to live in Ann Arbor and appear, altogether, as satisfied that finally they have dealt those troublesome homœopaths a quieting blow. We must admit that there is no direct legal way of bringing about our wishes nevertheless our regrets are no less keen when we see the abundant clinical material in Detroit, failing to be put to the highest use, when we think of how our school might be built up and strengthened by the concentration of our energies.

Digitized by Google

The Counselor will add a medico-legal department to the usual bountiful fare spread before its readers every month. The department will be presided over by Malcolm McGregor Esq., Treasurer of the Detroit College of Law. This department will be of special interest to every physician as it will be our endeavor to present cases and court decisions bearing upon the every-day happenings of the general practitioner as well as discussions of statutes and legal principles relating to the practice of medicine.

Dr. Chas. E. Fisher, the well known editor of the *Medical Century* is suffering from a severe attack of typhoid fever. Dr. Fisher undoubtedly became infected while attending the children of former friends of his while a a practitioner in Texas. These children were on a visit north and came to Chicago to be under his care. Every member of the profession will wish him a speedy recovery.

According to Polk's Register, Michigan contains 3,730 physicians, of these nearly 550 are members of the Homœopathic School, 58 living in Detroit and 31 in Grand Rapids. Of the remaining physicians nearly 200 are Eclectics and the rest are Regulars, Physio-Meds, irregulars &c.

We will give a list of a few towns of 500 or more inhabitants in which there is no homœopathic physician, also the physicians of other school resident in those towns.

Addison, Lenawee Co.,	Pop.	500.	3	Allop.
Alba, Antrem Co.	"	500.	1	"
Algonac, St. Clair Co.	"	1,000.	3	"
Almont, Lapeer Co.	"	800.	2	"
Armada, Macomb Co.	"	700.	4	"
Ashley, Gratiot Co.	"	600.	2	"
Atlantic Mine, Houghton Co.		1,600.	2	"
Augusta, Kalamazoo Co.	"	500.	2	"
			1	Ecl.
Bangor, Van Buren Co.	"	900.	4	Allop.
Baraga, Baraga Co.	"	1.100.	2	"
Bath, Clinton Co.	"	500.	2	"
Bay Mills, Chippewa Co.	"	900.	2	"
Bearnton Gladwin Co.	"	500.	2	"
Bessemer, Gogebic Co.	"	2,500.	3	"
Birmingham, Oakland Co.	"	1,000.	1	"
Black River, Alcona Co.	"	525.	1	"
Boyne, Charlevoix Co.	"	550.	2	"
Brighton, Livingston Co.	"	800.	4	"
Brown City, Sanilac Co.	"	550.	2	"

(To be Continued.)

Correspondence.

LETTERS.

To the Homoeopaths of Michigan, Lay and Professional.—I.

The latest professional endeavor in behalf of the Homoeopathic College of the University of Michigan has been nullified by a recent decision of the Supreme Court. By its ruling the college that was founded for the benefit of the homoeopathic taxpayers of Michigan, must remain at Ann Arbor and be under the control of the Regents.

Every department in the University of Michigan has thriven save this. The much later founded departments of Mechanical and Electrical Engineering are flourishing; the Dental school, the coeval of the Homoeopathic, has enjoyed only a constant development. Prosperity has attended all but the unfortunate homoeopath.

It is the purpose of the Letters, of which this is the first, to seek the reason for this disparity.

The Board of Regents is an executive body only whilst it is in session; when not sitting, only the president of the University is the executive. Such are his opportunities that an inimical president can thwart the wishes of the Board of Regents as expressed in their resolutions.

For instance, before the founding of the homoeopathic college it had been the custom for each professor in the medical faculty to sign the diploma of graduates in medicine. When the teaching of homoeopathy was introduced, the Regents so far deferred to the bigotry of the old school faculty as to enact that after the establishment of a homoeopathic college all medical diplomas should

Digitized by Google

be signed by only the president and the secretary of the University.

This enactment was absolutely unheeded by the president; the old school faculty signed the diplomas of their own graduates, and, although they were the teachers of the homoeopathic students in certain branches, they refused the attest of their signatures to the diploma of graduates in homoeopathy. The graduates in the Department of Medicine and Surgery even taunted the graduates in the Homoeopathic department with their having only incomplete diplomas, and the disparity was discouraging to the homoeopath matriculate by making him the subject of an unjust discrimination.

Neither appeal nor remonstrance was of any avail with the president of the University. Instead of carrying out the Regents' resolution and leaving the onus with and on them, the president defied it and violated it in both the spirit and the letter. The complaisance of the board with such a president is explainable only by the consideration that a regent is a regent—"only this and nothing more."

Not only were Regents' enactments defied and broken—and this with the connivance of the president. For instance, it was the rule in the Department of Medicine and Surgery that those freshmen students who earliest sent in their fees for the sophomore year should have the first choice of seats in the amphitheatre. The homoeopathic dean "posted" his class to that effect, and on the following year some eighteen homoeopathic students first forwarded their fees, and got their dated receipts, to the steward of the University. When they arrived and went to the dean of the Department of Medicine and Surgery to get their seats assigned them according to their priority, he refused to award them—put in "regular students" who had paid their fees much later—and the homoeopathic students were relegated to the back rows of seats. The president was made aware of this transaction, and the evidence of this unjust discrimination were laid before the Regents in session. The matter was "laid upon the table," and not a Regent raised a finger in behalf of the simple right.

Such discriminations have not been allowed—indeed, they have not been attempted—in other departments. Why were they permitted in regard to the homoeopathic? Why were such wrongs not righted? Why was the incensed dean of the Homoeopathic department declared "quarrelsome" because he demanded the legal rights of the homoeopathic minority? These are questions for the president of the University, and for the Regents. Will they, too, be conveniently *laid on the table?* That does not answer them; it only postpones the reply and adds to it the damnation of dodging. Some replies are like eggs: they spoil by keeping, and manhood is slain by the stench thereof.

The history of the University of Michigan unmistakably shows that homoeopathy was admitted only as a concession to political necessity. The homoeopathic taxpayers demanded it: as the servants of the soverign people, the Regents had no choice. Why should they have hesitated for a moment? Why should they have broken faith with the Legislature again and again? Why was their final concession disgraced by perfidy?

For instance, the first appropriation by the Legislature they were under oath to expend solely upon the Homoeopathic College of the University of Michigan; all monies not so expended to revert to the State treasury. They employed some of the Homoeopathic appropriation to fit up the Dental Colloge, and they must have covered their deflection by some of the entries that have given University bookkeeping an unsavory name before to-day.

But why should the president of the University wish to thwart the will of the people as expressed in the demand for a Homoeopathic College? Who made him an arbiter? Who required that he should be a partisan? Who expected that he could connive at injustices? Who dreamed that he would not defend a minority that the people had committed to his keeping?

It is distinctly averred that the president of the University has been derelict; that he has not been impartial; that he has favored a majority to the injury of a minority; that he is capable of an unjust discrimination;

Digitized by Google

that by omission as well as commission he has flouted the will of the people; that he has permitted invidious distinctions to be made against one department of the University, and that the department thus iniquitously discriminated against is the only one that has not thriven under his ministration, and this in consequence of his injustice, or his capacity as an executive.

The Homoeopathic Department of the University of Michigan has cost the people over two hundred and fifty thousand dollars; its progress has been impeded by unjust and unfavorable discrimination; its usefulness has been curtailed by obstructions that were avoidable, by obstructions which have not been placed in the way of any other department in the University, by obstructions which an impartial and just executive could, and would, at once have removed.

With a Board of Regents that will defraud the people in the disbursement of the public monies, and with an executive that will permit a minority to be deprived of, and denied, its rights, the Homoeopathic College of the University of Michigan has a future of only dark and sinister expectation.

Let the lay and the professional homoeopaths of Michigan weigh these things, bearing in mind that when the Regents are not in session, the president of the University is its executive; that as such an executive he has been tried again and again and found wanting in the spirit of equity and justice, in the magnanimity that secures a minority its rights, and in the outspoken manliness that he has no need for the slimy sinuosities of "diplomacy.'

PONTIAC.

Cincinnati, O., August 25, 1896.

My Dear Mr. Editor:

Your circular is the hardest nut to crack that I have encountered in many a day, but with a few preparatory observations, will try. After looking over my books, I find that my first case of diphtheria was treated June and July, 1858, in this city; Dr. Pulte was the consulting physician. It was the first case reported in this city and proved fatal on the seventh day; aged four years. Since that time I have had my share in a fairly large practice and find diagnosed as diphtheria 434 cases, all well developed and, I think, unquestioned. Of these seventeen died at ages from 6 months to 36 years. All the cases diagnosed as diphtheria had the membrane spread over (not in patches indicating tonsilitis) the tonsils—no case was diagnosed without that characteristic, high fever and prostration—I have never regarded sepsis a serious complication as such. Nephritis with desquamation, lost none except those seven who died of bronchial pneumonia, all of whom had also laryngitis. It is impossible to isolate these cases which go through nearly all of the characteristics of the malignant type of the disease.

As to treatment, no man can lay down treatment of this or any other disease for another.

Suffice it to say, at the commencement with high fever and sore throat, before the exudation takes place aconite and bell. are my first choice. After the exudate—merc. bin iodid 3d trit. with addition of a few drops of oil of anise, which is one of the best bactericides known. A gargle of the chloride of potassium—not the chlorate—one drachm to six ounces of water, every hour until the membrane is all dissolved. No solid food allowed as long as any membrane remains; meat broths, milk, etc., only allowed. When the larynx becomes involved—the steam vapor from lime water—cover the head with a blanket and inhale the lime water vapor freely; the spasm will relax in a few minutes, the secretions with the cast off membrane will be thrown off freely—repeat the lime water vapor as often as seems necessary. Keep the patient well covered in the interval between using the vapor to avoid taking cold under the very free perspiration induced.

Where great irritability and rawness, I use the vaporized oil of anise; it is very soothing and valuable as a bactericide.

I take but little stock in bacteriology as a means of diagnosis or treatment. Instance, our city hospital established a bacteriological department and requested physicians to send in samples of sputa and secretions for diagnosis. As a joke, samples of post-nasal mu-

Digitized by Google

cous and gonorrheal matter were sent, and both were pronounced (as I am informed) malignant diphtheritic pus. The patients are still living—while of those in the hospital and antiaoxin three out of five died—the bacteriological department, I am informed, died also.

I trust I have not taxed you by my detail. If you will submit a case I will endeavor to be more definite. Fraternally,

WM. OWENS.

WESTVILLE, IND., Sept. 25, 1896.

Dear Editor:

Since mailing my report of diphtheritic cases have attended three more successful cases aged 5, 7, and 10 years respectively. In the ones aged 5 and 10 the membrane was situated on the tonsils only. The one aged 7 was situated on the tonsils pharynx and larynx. On two occasions while making a call on this case he detatched strips of membrane 2 to 3 inches long by ½ inch wide. Bacterilogical examination showed the Klebs-Loeffler bacillus in all The remedies were *kali bi., merc biniod. Billings and Clapp's iodide* of *lime*, with an insufflation of *papoid* every one to two hours.

There were two more children in this family both of which escaped though they were only partially isolated.

Hoping the report of these cases may be of some benefit to you, I remain,

Yours fraternally,

F V. MARTIN.

To The Editor Medical Counselor.

WHITE PIGEON, MICH., Sept. 21, 1896.

I have just read in last COUNSELOR an article by B. H. Lawson, M. D., on Erysipelas. The paper was good as far as description of the disease goes but I am not satisfied with the treatment. He does not recommend local treatment and in this I agree. He did not mention what I consider *the best* remedy. *cantharis*. I used to give *bell. rhus, apis*, and others until four years ago I happened to be present at a clinic in one of the Cleveland Colleges one afternoon when a patient was presented suffering with facial erysipelas in a severe form and the professor in charge said that many years before his preceptor told him that *cantharis* 3x was a specific in that particular malady and he prescribed it in this case. How that case got along I never knew, but I have never used any other remedy since and have never been disappointed by it.

One old lady that had had erysipalis many times and says she has been a homœopathist forty years had an attack for which I gave *cantharis* and she got well so quickly that said she now had more faith in homœopathy than ever. I could give more illustrations equally good. I use from 1x up. Once the 30th. and cannot see but one potency is as good as another. I use no local applications whatever since using *cantharis*. It cures in from three to eight days.

T. C. BUSKIRK, M. D.
White Pigeon, Mich.

Report of Detroit Board of Health for August

Births. 446, rate per 1,000 17.98. Deaths exclusive of still born, 371, Ratio per 1,000 15,88. (Population 275,000.) Causes of death Drowning, 10; Convulsions, 19; Cancer, 16; Cholera enfantum, 65; Diphtheria, 10; Heart disease, 22; Consumption, 20; Pneumonia, 15; Bronchitis, 7; Marasmus and Inanition, 31; Meningitis, 12. Contagious diseases, Diphtheria, new cases, 45; deaths, 10; Scarlet Fever, new cases 20, deaths, 3. Examinations for Klebs-Loeffler bacilli, 21; number reported true Diphtheria 11; false, 8; indecisive, 8; Tons of garbage collected, 1,456,4. Highest daily mean temperature 84; lowest 58; During the extreme heat the highest daily mean temperature was 84° with a humidity varying from 74–89. Highest reading of the thermometer 95°, lowest 51°.

Dr. Chas. Edward Van Cleff, died at his residence, 12 East Mill street Ithaca Aug. 4th, 1896. He graduated from the New York Homœopathic College in 1873.

Digitized by Google

Editors Table.

Dr. L. E. Wait, Alexandria, Minnesota, died on the 25th of July, 1896.

Dr. J. B. Walters, 114 Nassau Avenue, Brooklyn, New York, died recently.

The Cleveland University of Medicine, of which Dr. W. A. Phillips is dean, has recently received the sum of ten thousand dollars as bequeathed by the late Mrs. Bradley, whose will has just been probated, and who had previously given thirteen thousand dollars to the college.

The Death Rate in New York during the hot week ending August 15th, was 48.65. The number of deaths was 1,810 of which 615 were from heatstroke.

Corrigan's Pulse, it seems, should be called Vieussen's pulse, as he described it in 1715. According to Hochard, Corrigan's pulse is the "jerking," water-hammer pulse due to aortic regurgitation.

The Dirty Sponge.—Professor Lang, of Vienna, declares that sponges, owing to the impossibility of destroying germs in them, having long since been banished from the surgeon's table, and should also be excluded from the bathroom and washroom. Aseptic sponges are now made of cotton fibre compressed into wafer shaped bodies and sold in in bundles like crackers.

Secretary Baker, of the state board of health, has forwarded his report on the condition of the city water at Menominee, Mich., in which he says it contains typhoid germs and is unsafe far drinking purposes unless first boiled. The report will be laid before the city council by the health officers.

An Indian offical report states that in the year 1895, 2,893 persons lost their lives through tigers, panthers, bears elephants and other wild beasts; 21,538 died from serpent bites, three-fourths of which were caused by cobras. Quite 97,000 domestic animals were killed by tigers, panthers and serpents.

Is the Profession Overcrowded? It is estimated that ten physicians die every day and about twelve enter the profession daily and on an average five drop out each day, so that, at this rate, the medical profession will not soon be overcrowded; but unless a greater number engage in the study of medicine, there will be a less number actively engaged in the practice every year. We now have an average of about four thousand medical graduates from the medical colleges in this country each year, yet the supply is not equal to the demand, that is to keep the same number in active prrctice.—*Jour. Med. Sciences*, May, 1896.

Chicago is now blessed with a "sun down" medical college. This institution for the "evening study of medicine" has taken unto itself the classic name of "Harvard." The authorities of Harvard University upon learning this fact immediately brought suit in the United States Court to restrain them from using a name they claim to be particularly and peculiarly their own. Chicago has had to bear many things and in this latest affliction of a "sundown" medical college she has our sympathies.

The Authorities of Chicago have issued in the daily press a warning to the school children not to drink the water furnished to most of the public schools as it is contaminated with typhoid fever germs. They recommend the boiling of all water drank by both children and adults. Some three or four schools having a different supply from the rest are pronounced free from the trouble.

The National Medical College of Chicago, opened Sept. 28, with more than twice the number of matriculates in any previous year.

Digitized by Google

A Method has lately been perfected in France by Dr. Rochon of evaporating the diphtheria antitoxin and enclosing the dried product of 10 c. c. sealed in sterilized glass tubes. When the antitoxin is to be used the dried serum is again dissolved in 10 c. c. of distilled sterilized water. Dr. Rochon claims that this method avoids all accidents, deaths etc., from the serum and does not interfere with its therapeutic action—if it has any.

Dr. Chas. G. Raue, the distinguished physician and author of "Raue's Special Pathology and Diagnastics, Therapeutic Hints" died Aug. 21 at his home in Philadelphia, after an illness of a number of weeks. Dr. Raue was born in Niedercunnersdorf, Saxony 1820. He emigrated to this country in 1848, studied with Constantine Hering and graduated at the Philadelphia College. Dr. Raue was early connected with the old Philadelphia College holding the chair of Special pathology and therapeutics. With Dr. Hering, he was instrumental in founding the present Hahnemann College of Philadelphia, into which the old Philadelphia College was soon merged. Dr. Raue was deeply interested in psychology and 1889 wrote his work "Psychology as a Natural Science," Dr. Raue was a senior of the American Institute, a member of many local and state societies, corresponding member of many foreign societies.

Autotraction of the Tongue in Singultus.—A female patient presented herself at the Hotel Dieu of Lyons for a rebellious hiccough, which had resisted all treatment for four days. She was asked to show the tongue, and it was noticed that with the putting out of the tongue the hiccough ceased. The same thing has since been tried and with success in other cases. All that is necessary apparently is to strongly push the tongue out of the mouth and hold it so for a minute or two. It is also suggested now to try the same thing in suffocative cough, as whooping cough, and choking by irrespirable gasses.—*Druggist Circular.*

Typhoid Fever is unusually prevalent in Chicago, Denver, and various other cities In Chicago, we learn from the *Journal of the American Medical Association,* on September 4th seven people died from typhoid fever, breaking the record since 1892. The health department says the prevalence of the disease is due to impurities in the drinking-water. During August of this year typhoid claimed sixty-four victims, against fifty-nine for the corresponding period of 1895. About five hundred cases are reported at present in that city. In Denver, the *Colorado Medical Journal* says, there is now raging an epidemic of typhoid fever which has more victims and a greater fatality than any epidemic since 1892. It is probably due to a polluted water supply. A number of physicians in the city are affected.—*Med. Record.*

Duration of Life among Physicians.—Dr. Salzmann, of Essling, Germany, has made researches on this subject among the archives of the German provinces: In the sixteenth century the mean duration of life was thirty-six years and five months; in the seventeenth century, forty-five years and eight months; in the eighteenth century, forty-nine years and eight months; and in the present century, fifty-six years and seven months. These results are encouraging, and show that the favorable increase in the duration of life is due to the progress of preventive medicine and to the diminution of typhoid and small-pox.—*Progres Medical.*

Messrs. Boericke and Runyon, San Francisco have published a book entitled "A Compend of the Principles of Homœopathy as Taught by Hahnemann and Verified by a Century of Clinical Application."

"Why, Pat, What's the matter with you?"

"Well, sor, I swallied a pertater bug; and although I took some Paris Green, right away, sor, ter kill the baste, still he's just raising the devil inside o' me."—*Med. Visit.*

Digitized by Google

"Spitting" in Indiana.—The Indiana State Board of Health has issued a circular letter to all railroad officials asking them to have ejected from their trains every man who presists in spitting on the floor of the cars or stations after he has been warned not to do so. In the circular the board explains that the sputum contains the germs of la grippe, nasal catarrh, and various other diseases. It also declares that "spitting is a nasty and unnecessary habit," and explains that the Board of Health will pass a rule against spitting which will have all the force of law if the railroads will post it up and endeavor to enforce it. The circular adds; "When the rule is first published and posted up in public places this board will, of course be loudly abused as foolish, impracticable and idiotic. Attention thus being gained, we will publish in every county reason for the action." Such a reform as the Indiana health officers have undertaken is needed in every part of the United States.—*Microscope.*

Effects of Lactation on Menstruation and Impregnation.—Dr. L. Remfrey, in a paper read before the Obstetetrical Society, London, concludes as follows: 1. Of nursing women, fifty-seven per cent. only have absolute amenorrhœa. 2. Forty-three per cent. menstrutate more or less, but twenty per cent. have absolute regularity. 3. Impregnation does not take place so readily during lactation as at other times, but this is not true to such an extent as has been imagined. 4. If absolute amenorrhœa is present during lactation, the chances of impregnation occurring are only six out of one hundred. 5. If menstrutation occurs during lactation, the chances are sixty in one hundred. 6. The more regular a woman is during lactation the more likely is she to become pregnant. 7. During a menstruating lactation the changes in the uterus are presumably similar to those connected with the ordinary monthly periods, and the mucous membrane forms a nidus for the ovum. 8. In the woman who does not suckle at all, the menses appear, as a rule some time in the first six weeks after delivery.

Homœopathy is to have another homœopathic college. This time Kansas City doubles up. The Kansas City University, composed heretofore of Eather College, the College of Theology, the College of Music, the Kansas City Acadamy and the College of Physicians and Surgeons, has added the College of Homœopathic Medicine and Surgery. Dr. W. H. Jenny is dean and Dr. Frank Elliott is secretary of the new faculty, which is composed of these gentlemen and Drs. W. A. Foster, J. T. Coombs, H. F. Fisher, C. S. Elliot, Henry Croskey, J. H. Holland, S. C. Elliot, E. S. Northrop, T. H. Hudson, E. H. Merwin, C. H. St. Johns, H. W. Miller and other homœopathic physicians of Kansas City, Missouri and Kansas City, Kansas. The announcement for this year is a part of the general catalogue of the Kansas City University. The faculty of the homœopathic school embraces the names of some of the ablest and best known men of the two Kansas Citys, the general curriculum seems to be good, and the surface appearances are that the new college is started upon a good basis.

Dr. T. P. Wilson, of Cleveland, Ohio who has been so seriously ill, is now considerably better and it is believed that in time his recovery will be complete.

Small-Pox in Germany claimed sixty-five thousand victims annually a century ago. Now the average number of deaths is but one hundred and fourteen a year, and still they say vaccination does not protect.

On Thursday Oct. 8, the first class of the St. Mary's Hospital Training School for nurses of Detroit held their graduating exercises. Thirteen pupils received their diplomas and badges. Miss Ryan the prinpal of the school was one of the earlier. graduates of the Grace Hospital School.

Digitized by Google

It is reported that there have matriculated as the Homœopathic Department at Ann Arbor 32 students, with the possibility of eight or ten more in the future.

Dr. W. A. Dewey, whom the last COUNCELOR announced, had taken the chair of Mat. Med. and nervous diseases at Ann Arbor is not unknown to the general profession. He graduated in 1880 from N. Y. Hom. Med. College was House Surgeon at Waid's Island Hospital 18 months. Studied 3 years in Europe, spent 10 years in San Francisco, 5 years Prof. of Anatomy and 5 years Materia Medica in the S. F. College, was Prof. Mat. Med. in Metropolitan Post graduate School (Homœopathic) in N. Y. He has written in conjunction with Dr. Boericke of San Francisco the "Twelve Tissue Remedies" and himself the "Essential of Homœs. Materia Medica." now in its second edition. It has been translated into German and is being translated now into French and *Portuguese*, also "The Essentials of Homœopathic Therapeutics." Dr. Dewey will reside in Ann Arbor but hopes to have office hours in Detroit three days in the week for consultation and practice of nervous diseases exclusively.

Books and Pamphlets Received.

Six Cases of Hemorrhage by Geo. F. Laidlaw, M. D., New York.

The Diagnosis of Substances Passed from the Bowels, by Geo. F. Laidlaw, M. D., New York.

Dr. Ernest Nyssens, Brussels, Belgium is in this country for study and post graduate work. Dr. Nyssens attended Prof Pratts course in orificial surgery and went from there to the Homœopathic Post Graduate in New York. The Doctor is an enthusiastic homœopath and reports the School as growing in favor in his country though there are no colleges exclusively our own.

Helen Kellar, who, under the care of her friend and companion, Miss Sullivan, has made such marvelous progress in her studies during the nine years of conscious intelectual life since her teacher first joined her, has this year entered the regular classes at the Cambridge School. The objeet of her friends in placing her here among the seeing and speaking girls is to develope her powers of self-guidance in greater degree than could have been possible under private tuition.

Mr. Gilman, the director of the school, wished when Miss Kellar was first brought to him to find out how great had been her progress in the different subjects which she had studied. To this end he gave her some of the preliminary Harvard examination papers–the same papers which were presented to candidates at Harvard and Radcliffe college, the woman's department at Harvard, last June.

Though she had never had any preparations for college examinations, in fact had never had examinations of any sort, she passed the papers submitted with great credit. The time allowed for each paper was precisely the same as that given at regular examinations, but the question had of course to be read to Miss Kellar, which made the time left for answering them considerably less.

The answers were type-written, in clear, precise English, and almost without mistake, either in spelling, punctuation or subject matter. The Harvard examiners, to whom they were submitted, agreed that, judged by the same standard by which they were accustomed to judge all papers, Miss Kellar passed in every subject tried.

These subjects were English, French, German and history. Thus she has already passed five hours of Radcliffe's elementary examinations; this, too, at the uncommonly early age of 16, after only nine years of conscious development.

At the Cambridge school Miss Kellar studies Latin, history and arithmetic with the classes. Miss Sullivan is with her constantly at school and the two friends live together at Howells House one of the home buildings connected with the school.

Miss Kellar, who is now a tall, bright-faced girl of 16, tells her visitors with evident pleasure that she is preparing for Radcliffe. Mr.

Digitized by Google

Bell asserts that she speaks better than any other mute in the country. She is still very young for Radcliffe and two or three years more will make her not older than the most freshmen, though much more keen intellectually than any.

She is very popular among her bright school friends, all of whom take great interest in her.

NINTH ANNUAL MEETING OF AMERICAN ASSOCIATION OF ORIFICIAL SURGEONS.

About one hundred members of the Association assembled in the Amphitheatre of the Chicago Homœopathic College on Sept. 9, and 10 for three interesting and instructive sessions.

The following program was successfully carried out.

Programme.

Wednesday, September 10, 1896, 3 p. m.

PRESIDENT'S ADDRESS,
O. S. Runnels, M. D., Indianapolis, Ind.

●●●●

SECTION—ORIFICIAL PHILOSOPHY.

C. H. Goodman, M. D., St. Louis, Mo., Chairman, "The Key Note"

T. E. Costain, M. D., Chicago, Ill.
"How to Prevent Nausea in Anesthesia."

J. C. Fahnestock, M. D., Piqua, O.
"The Closing Wounds."

SECTION—CHRONIC DISEASES.

E. Hubbel, M. D., St. Paul, Minn.
"Epilepsy Treated Orificially."

F. O. Hart, M. D., West Unity, O.
"Cases from Practice."

●●●●

EVENING SESSION, 8 p. M. SHARP

SECTION—GYNAECOLOGY.

J. C. Daily, M. D.. Ft. Smith, Ark., Chairman. "Electricity in After-Treatment."

E. H. Pratt, M, D., Chicago, Ill.
"Orificial Surgery and Mental Therapeutics and their Mental Relations."

Libbie Hamilton Muncie, M. D., Brooklyn N. Y. "The Bicycle."

SECTION—NERVOUS DISEASES.

H, P. Shiles, M. D., Chicago, Ill. Chairman.

T. Sawyer Turner, M.. D., Binghampton, N. Y. "Tetanus Following Vaginal Hysterectomy."

E. P. Notrebe, M. D., Springfield, Mo.
"The Physical Condition with Functional changes of Vital Organs from Simple Nervousness."

P. S. Replogle, M. D., Champaign, Ill.
"Mental Healing."

THURSDAY AFTERNOON.

SECTION—ORIFICIAL METHODS.

W. G. Hall, M. D., St. Joseph, Mo., Chairman. Hyperaesthetic Spots in the Genital Canal C. A. Weirick, M. D., Chicago.

Frank S. Aby, M. D., Northwood Park, Ill.
"Clinical Notes from General Practice."

C. E. Sawyer, M. D., Marion, O.
"Orificial Methods as Applicable in Orthopedics."

SECTION—AFTER-TREARMENT.

J. W. Means, M. D., Troy, O.
"Constipation and Diarrhœa as a Neurosis, Treatment from an Orificial Standpoint."

H. A. Sherwood, M. D. Warren, O,
"Importance of After-treatment in Orificial Surgery."

M. K. Kreider, M. D., Goshen, Ind.
"Report of Cases, with Comments on After-treatment."

Emmet L. Smith, M. D., Chicago, Ill.
"The Study of a Case with Special Reference to After-treatment."

Officers of the association were elected as follows: President, J. C. Fahnestock, M. D., Piqua, Ohio; 1st Vice-President, J. W. Means, M. D., Troy, Ohio; 2d Vice-President, L. M. Muncie, M. D., Brooklyn, N. Y.; Secretary, C. A. Weirick, M. D., Chicago; Treasurer, F. E. Costain, M. D., Chicago.

Digitized by Google

THE MEDICAL COUNSELOR.

A MONTHLY JOURNAL OF HOMŒOPATHY AND COLLATERAL SCIENCES.

OLD SERIES, VOL. XV.
NEW SERIES, VOL. I.

DETROIT, NOVEMBER, 1896.

NO. XI.

THE TONGUE.

From time immemorial it has been the practice among physicians to examine the tongue of their patient, a careful inspection of that organ enabling them to judge somewhat of their patient's general condition. So invariably was that the practice of the older physicians that it became a subject of ridicule at the hands of the laity, the patient looking the picture of misery with his tongue far extended for inspection by the doctor, who is gravely looking on, has often been represented in caricature and has long been a favorite theme with the humorists. To such an extent has this ridicule been carried that the physician sometimes hesitates in making his request to the patient to show his tongue, fearing that such a request may not be taken seriously. Generally speaking, physicians do not now examine the tongue as often as they formerly did and yet a great many things may be learned by a careful inspection of that organ. So long as an examination of the tongue was simply a prelude to the administration of massive doses of calomel, blue mass or jalap, it cannot be said to have been of any great value. But to the homoeopath, with his materia medica rich with symptoms of the tongue, the appearance of that organ is not only an aid in diagnosis, but also in the selection of the therapeutic agent to be employed for the cure of the patient.

Returning moisture to the dry tongue of the patient who has been brought almost to death's door with a high fever, tells the anxious physician with far more force than words could do, the glad tidings that improvement in the patient's condition has set in and that he is now convalescent. In cases of poisoning by an acid poison the appearance of the tongue may be material aid in determining the particular kind of acid that has been swallowed, and so enable the attending physician to select the proper antidote, poisoning by carbolic acid leaving the tongue white, sulphuric acid blackening it, and nitric acid staining it yellow. Caustic potash produces a grayish stain, and lunar caustic a pearl gray mark. The tongue may be coated from severe pain, worry, anger, fear or overwork without indicating bad health. Old people generally have coated tongues whether well or ill. So, too, smokers usually have a coated tongue—and people who keep their mouth open a great deal have brownish tongues, caused by the dust of the atmosphere. A really healthy tongue ought to be a rosy red, moist and constantly changing form. When it is red, dry, narrow and pointed, it probably indicates severe dyspepsia. The strawberry tongue is generally present in scarlet fever. If the tongue is very pale the patient has most likely lost blood, or is suffering from poverty of the blood, or some wasting disease. A thin white coat indicates slight indigestion or fever, while a yellow-coated tongue points to some derangement of the liver. A trembling tongue shows strong emotion, lead poisoning, debility, or too free use of intoxicating liquors.

Putting out the tongue quickly and drawing it in quickly indicates a nervous temperament, while leisurely movements of the tongue are characteristic of people of phlegmatic temperament.

The "white-washed tongue" is a well-known keynote for antimonium crudum. The tongue is coated white with the coating spread so evenly over the dorsum of the tongue as to resemble a coat of whitewash. Sometimes, however, the coating assumes a slightly yellowish tinge, especially at the base of the tongue. Antimonium tartaricum also has a white-coated tongue in a marked degree, but in pneumonia, when antimonium tartaricum

Digitized by Google

is the remedy, the tongue is likely to be brown and dry. Arnica, which also has white-coated tongue, also has characteristically a dry tongue with a brown streak down the middle. The tongue is, however, frequently yellow when arnica is the remedy.

Arsenicum has a great many tongue symptoms. In the first place there is the white-coated tongue—"white as chalf, as if painted white," as it is described—or it may go to the other extreme and be brown or even black. Another peculiar appearance of the tongue under this remedy is the lead-colored tongue. In this it resembles carbo-veg. In gangrenous conditions of the tongue ars. and sec.-cor. will cover nearly all of the cases, the selection being determined by the concomitant symptoms and modalities. Whenever to be dry and if not coated is likely to be abnormally red.

Bryonia also has white-coated and dry tongue, the character of the thirst and other conditions distinguishing between arsenicum and bryonia. A great many other remedies have white-coated tongue as a symptom, but for the most part in a less degree than the above. So, also, there are a great many having dryness of the tongue, especially belladonna, in which the tongue may be so dry as to rattle in the mouth like a chip and interfere with speech. In the condition he does not want to speak on account of great dryness of the tongue, compare calc.-c. and phos. ac. with belladonna.

Coldness of the tongue is always an alarming symptom, indicating a low condition of the vitality and impending or present collapse. For this condition such remedies as camph. carbo. veg., hydroc. ac., laur. and verat. are indicated.

For blueness of the tongue ars., dig., mur. ac., agr and carb. v. should be thought of. If the tongue is coated with a coating of a greenish hue nitr. ac. or plb. is probably indicated.

The "strawberry tongue" is a marked symptom under bell. and arum. triph., but they may have the enlarged papillae with inflamed tongue without the coating.

The large, flabby tongue, heavily coated, and showing the imprint of the teeth, is such a prominent symptom of merc. that even to mention that condition is to at once suggest to the mind merc. But hasty routine prescribing must be avoided, for although merc. easily stands at the head of the list of remedies with the symptom "showing the imprint of the teeth," pod. also has it in a marked degree. Other remedies producing that symptom are rhus., stram., ars. m., chel. and Yucca filamentosa.

The brown tongue, seen in some cases of typhoid and other fevers, indicates such remedies as ars. ant. carb., bapt. carb. v. cinchona, lach., merc., nux. phos., rhus. sec. cor. spont. sulph. While the black tongue indicates eeth, ars. bufo. carb. v. cinchona, cupr. lach., lyc. op., phos. sec. cor.

For mapped tongue, in which there are denuded patches on the tongue, the remainder of that organ being coated, one of the following list of the following list of remedies will probably be indicated: Run. sclerotus, nat. m., ars., rhus. or tarax.

Paralysis of the tongue has been caused by bar. carb., and, of course, has been cured by it. Caust. is another remedy frequently called for in that condition, from its well-known action in paralysis of single parts or muscles. Other remedies for paralysis of the tongue are bell., dulc. gels., hydroc. ac., hyos., ipec., mur. ac., nux. mos., op. stram.

A trembling tongue, indicating great nervousness or profound weakness, calls for the administration of such remedies as ars., bell., lach., merc. and stram.

The red triangular tip of the tongue is so indicative of rhus. and is so well known that it scarcely need be mentioned here. Many other remedies have redness of the tip of the tongue, but the peculiar triangular shape is most marked in rhus.

A coated tongue with a red streak down the middle is a marked symptom under arg. n., ars., phyto., rhus. and verat. vir.

In ulceration of the tongue the appearance of the ulcer and the subjective symptoms must decide the remedy. The same may be said of vesicles on the tongue. Generally speaking, the remedies called for for similar

Digitized by Google

eruptions on other parts of the body, will be indicated when they appear on the tongue. In aphthae, also, other symptoms must for the most part decide, although the appearance of the aphthous patches is to be considered, for instance the easily bleeding aphthae of borax.

In the above paper no subjective symptoms of the tongue have been noted, although in selecting the remedy, they, too, must be taken into consideration, the desire of the writer being to find out what may be learned by a careful inspection of the patient's tongue.

by E. J. KENDALL, M. D., DETROIT.

THE NECESSITY OF RECOGNIZING TRANSIENT CAUSES OF EYE-STRAIN IN ITS TREATMENT.

Perhaps no subject has proved of such interest to the general practitioner, or has been so rapidly and so generally adopted by him as has the subject of Eyestrain and its widespread reflexes. It is but a few years ago that the subject was put forward with anything like the enthusiasm which its importance demanded, and yet we have the danger before us of regarding it too exclusively in the treatment of obstinate headaches and nervous symptoms and pains in and about the eyes.

Just as in one portion of the medical field we have seen all ailments of woman referred first, to "ulceration of the womb," then to lacerated cervix and perinaeum, and now to diseased ovaries, so in another, we have just now the Eyestrain as the bete noir, the substratum of all ills, the concealed cause of all symptoms "not otherwise accounted for." With the various forms of errors of refraction, and the muscular insufficiencies "in their variety" to choose from, it must indeed be a hard-hearted or exceptionally normal patient who will not confess to one or the other under the present exact methods of examination.

A perfectly emmetropic eye is a rarity, and when in the case of obstinate symptoms some departure from the norm in the optical apparatus is discovered it is but natural to see in it their reflex cause.

The recognition of the defect is but a small part of the duty of the oculist; its treatment is of course of equal and should be of greater importance. In no part of his work is it more evident than in the treatment of Eyestrain that an oculist should be or should have been a general practitioner. What task should he set himself in the management of such cases? The answer may seem easy enough and will no doubt come glibly from most. To relieve the Eyestrain by correcting the abnormality.

This answer, although seemingly conclusive, does not in our view cover his entire duty.

We set out from the fundamental principle that the object of all treatment, in every department of the healing art, is to put the particular individual under treatment in a condition that he may be able, unaided, to exercise all his functions without discomfort or distress. A well body is not conscious of its organs or of the performance of their functions. He is not cured of dyspepsia who must diet himself in order to avoid its symptoms, nor is he cured of Eyestrain from insufficiency of one ocular muscle who has been relieved of present symptoms by tenotomy of the opposing stronger one. We know that there are cases where palliation becomes imperative on account of the impossibility of a cure, but we always regard a cure in the sense given above as the object to be striven for.

In the beginning of the agitation of this question of Eyestrain it was the practice of many, and is even yet that of some, fully to correct all discoverable abnormalities, and to compel the patient to accommodate himself thereto, frequently at the expense of long periods of discomfort and at times of absolute misery. This came from the disregard of second principle upon which we wish to insist, viz: The individual is to be treated and his case to be looked upon not from any theoretical standpoint, but as a new case, to be judged entirely upon its own merits. Our object should be to enable this particular patient's eyes to perform their function without discomfort for as long a time as possible. This implies that the treatment should be

Digitized by Google

such as in no way to interfere with the possible restoration of function, and this brings us to the true subject of our paper.

The eye is an integral part of the body as a whole organism, and while the laborious performance of it's legitimate functions may, and in a vast number of cases does, cause reflex suffering elsewhere, we must remember that the same holds good of the other organs. Any abnormality in structure or activity, or in both, in other organs is just as likely to produce reflexly an impairment in the exercise of the function of the eye. Having both extremities of the reflex arc within our ken, the questions first to be decided by us as oculists are, at what end the reflex action begins, and whether the conditions are transient or permanent and irremediable.

To illustrate. Mrs. ————, 28 years of age, was referred to me for evident symptoms of Eyestrain. Up to recently, had never suffered from any symptoms referable to errors of refraction. These have only come on since the birth of her baby, now ten months old, which she nurses, and which is a very large and healthy infant. Besides the usual symptoms of asthenopia when using her eyes Mrs. ———— complains of general nervousness. Examination of the eyes under a mydriatic showed simple hyperopic astigmatism, fully corrected by +1.D.cy.ax.90°. Formerly I should have at once prescribed +0.50.cy.ax. 90°, to be worn constantly, and have given her comfort, but at the same time doomed her to the inconvenience of wearing glasses for the rest of her natural life. At this time I gave her +0.25.D.cy.ax.90° to be used only when reading and, when in consequence of any over exertion, she should feel exhausted or nervous,—and immediate weaning of the baby. Result: ability to use her eyes without distress with the aid of her glasses, for two months, at the end of which time she was able to lay them aside altogether, and probably will not be compelled to resume them until age, or some impairment of general health, similar to the last, weakens her muscular system and with it the strength of her ciliary muscle. Here the key-note to the situation was the weaning of the child, thereby removing the transient cause of the Eyestrain and thus restoring to the eyes the power unaided to perform their function.

It is not necessary to give other cases to illustrate my meaning, suffice it to say, in conclusion, that wherever asthenopic symptoms arise in consequence of, or at least subsequent to, general conditions the other effects of which need not be regarded as permanent, I consider it the best practice to do as little correction of any defects I may find in the ocular apparatus as is compatible with relief of present symptoms, always looking forward to a restoration of the unaided functional activity with the return of the normal general condition.

That my position may not be misunderstood I would add that I frequently find it necessary to order +0.25.D.cy. for constant use, at times with most marvelous relief of chronic nervous conditions that have resisted all other kinds of treatment.

The length of time the symptoms have existed, and the discovery of any probable predisposing cause aside from the ocular defects, are my guides in determining the line of treatment.

SOME CLINICAL CASES.

Read before the Detroit Homeopathic Practitioners' Society.

E. LOUISE ORLEMAN, M. D.

Mrs. B., aged 42. Multipara, one son 14 years old. She had not been pregnant since. She had suffered from retroflection, which I corrected with a pessary and local tonic treatment. One day she came to have me replace the support which she had removed some days previous. I found the uterus well flexed into the cul-de-sac of Douglas, and very sensitive to the touch. Replacing it caused syncope. Her husband called for her in a carriage, and she had several fainting spells on her way home. I could not account for this as I had replaced the organ at different times, and never had such a condition to contend with. For a week she could not raise her head from the pillow without causing vertigo. I think it was on the seventh day: she had a chill in the morning. I saw her at 1

Digitized by Google

p. m. Temperature 102°. She was inclined to throw her head back and there was a peculiar tremor about the mouth, the tongue trembled and was protruded with difficulty. She complained of headache in the back of her head. I made an examination and removed the pessary.

I inquired about the time of her menses, but she could not remember the exact date. However, I came to the conclusion that she was pregnant, and that the ovum was blighted when I replaced the uterus, or from some other cause unknown to me. I ordered a douche as hot as the patient could possibly stand it, hoping that a flow might come on. I left some medicine, and said I would call again in the morning. At 5 p. m. Mr. B. called me up, urging me to come at once as his wife was unconscious. When I arrived there the patient lay with her head thrown back, jaw dropped, and in a completely unconscious state. Temperature 105.2°, respiration 36, pulse 130. I told the husband my fear, and that I would have to empty the uterine cavity. As I came prepared, I went to work at once. With the help of a nurse it was not much of an effort, there being no resistance on the part of the patient. Gave an antiseptic douche, then dilated the cervex. There was no discharge from the uterus, but the odor was something terrible. With my placental forceps I removed a dark dried-up mulberry mass, then curetted and washed out the uterus with about a gallon of solution of permanganate. I remained there about two hours. By that time her temperature had dropped over two degrees, and the patient recognized the speaker when she was addressed. Put her on lach. and ver. vir. to be alternated every hour. The next day Mrs. B. was very much improved: temperature 100°, pulse still high, being 110; gave another intra-uterine douche of permanganate, which I repeated every day for a week, as there was no flow at the time of curetting, nor afterwards, until her next menstrual period. She made a complete recovery in two weeks.

Case No. 2.—In 1891 Mrs. S., a multipara, came to my office to consult me about a profuse foul smelling discharge. She said a year previous she had all symptoms of a pregnancy. The third month she began to mensturate, and all conditions of pregnancy disappeared. Her menses were not profuse, no pain; in fact, she felt perfectly well up to the last two months, when she began to have the profuse discharge. Then she felt tired, very restless, tongue heavily furred; made an examination, found the cervix soft, the os dilated to the extent that it would admit my finger. While trying to outline the uterus something hard fell against my finger; found it to be a *small semi-petrified foetus* about two inches in length Dr. Mary T. Stevens happened to be in my office at the time and saw the case with me. We tried to get the placenta or part of by curetting, but we did not succeed; in fact, the curette seemed to come in contact with a perfectly smooth, firm wall. I called to see her the next day. She had some pain and a severe hemorrhage; on examination I detected a hard glazed substance. Dilating the cervix a little more I removed it with the placental forceps. It was placenta; normal in size; it looked as though it had been washed, was colorless. It was covered with a brittle membrane. Gave an intra-uterine douche, ordered quiet, and patient made a good recovery in a week.

Miss F.; aged 26; bookkeeper; was brought to me in a carriage by one of my patients. She had fainted while at work from loss of blood; was troubled with uterine hemorrhages, off and on, for two years, and had been under the care of a prominent old school physician, who had advised her to go to Grace Hospital. He curetted. After that she was better for a while, but the hemorrhages returned with renewed force. Made an examination: found the uterus antiflexed, gaping os, and it seemed to me I could detect a submucous myoma, but the manipulation brought on such a severe hemorrhage that I could not do any more. Put her on equal parts fl. ex. ergot and cinnamon, one drachm every hour until better. Told her to come again in two days if possible. She came accordingly, and there was very little discharge. The ergot had contracted the uterus down and dilated the os. Found my diagnosis correct. Sent for Dr. Mary Stevens, and after

Digitized by Google

she came we made a more thorough examination. Found the tumor attached to the anterior wall by a short, thick pedicle. I applied cocaine, but before doing this gave a heart stimulant; then removed the tumor, which was the size of an egg, with a blunt pointed scalpel. I afterwards curetted with a sharp curette and washed out the uterus with a bi-chloride solution, 1 to 4,000; temperature 105°. There was very little hemorrhage. Gave her some malted milk, let her rest an hour, and sent her home in a carriage; ordered perfect quiet, kept her on light, nourishing diet, and she made a good recovery in two weeks. Patient was married two months after the operation.

A CASE OF TYPHOID FEVER, WITH HYPERPYREXIA.

The patient, a traveler, aged 36, presented himself at my office complaining of malaise, headache, backache, loss of appetite, constipation, etc., and said that these symptoms, with chills and fever at times, had been troubling him for about three weeks, but that he took a little stimulant, to the use of which he was addicted, or a dose of salts and kept about his business on the road throughout the State. Later I learned that he had been a victim of syphilis, seven years before, and had two cerebral hemorrhages following, leaving a permanent paralysis of the upper lid of the left eye. His temperature at this time was 100°, his tongue slightly coated, and the abdominal examination showed a slight enlargement of the liver and spleen, though there was no tenderness. I took a specimen of the urine for examination and found no abnormalities except an excess of urates. I prescribed nux vomica, and saw him again the next day, when he was slightly improved, the temperature remaining about the same. The remedy was continued for three days longer when I was called to his home to see him. I found him dressed and about the house, but feeling very weak, suffering from dull frontal headache and an aggravation of the symptoms before mentioned. His temperature was 102.5°, pulse 90. The bowels were still constipated, and the tongue was badly furred. I prescribed gels. 3x, and ordered him to bed. He was also given two sponge baths a day and a light diet. This treatment was carried out for a week, at the end of which time yellow ochre stools made their appearance, and the temperature was slightly increasing, remitting each morning about a degree and a half. There was still, however, no tenderness of the abdomen.

The diagnosis of typhoid fever now seemed to be established beyond a doubt, and, realizing that it would be a serious case in all probability, I had him removed to the hospital where he could receive proper care.

During the first week at the hospital, under the same treatment as mentioned above, the case did not change materially, the temperature always being below 103° and pulse 90 to 110. Examination of the urine at this time showed the presence of albumin and casts. The ochre stools were quite frequent; watery, and slightly offensive. There was no thirst, delirium or tenderness of the abdomen.

At the beginning of the second week at the hospital, the eighteenth day after I saw him, the temperature rose to 103°, and during this week remained in that neighborhood, though never more than half a degree above it. The stools became very offensive, more frequent, very watery, and were yellow or green. He was very much prostrated, quite restless and slightly delirious at night and very fearful of death. Sponge baths were then given at from 90° to 60° every four hours and the remedy changed to arsen. 3x every two hours. About the twenty-second day the temperature reached 104°, and the delirium became more persistent, the patient talking about his business affairs, trying to get out of bed, but too weak to do so, and complaining that he could not get the pieces of himself together so as to go to sleep. I now changed his prescription to baptisia 2x every two hours.

On the 27th day the temperature reached 105.°, the pulse 148, respirations 34. The pulse was quite irregular, and at times imperceptible. Subsultus tendinum had developed three or four days previously, and was now very violent. The tongue, which

Digitized by Google

up to a few days before had been moist and not heavily coated, now became dry and brown like leather, and the patient could not protrude it. The urine, which was now loaded with albumin and granular and fatty casts, was dribbling away, indicating retention, so that the use of the catheter became necessary. He had been urged to drink large quantities of sterilized water all through his illness, so that the quantity of urine was not so much diminished as might be expected, there being about 15 ounces every eight hours when the catheter was passed.

The day following the temperature varied from 102.8° to 104.4°, while the pulse was in very bad condition, being imperceptible most of the time.

About 3 a. m. on the 29th day there were all the symptoms of collapse, the temperature dropping suddenly from about 104° to 100.2°, and the pulse could not be felt. He was cold and clammy and his face was pale and features much pinched. He had had no stimulant until the day before when, on the suggestion of Dr. R. C. Olin, whom I called in consultation, I gave small doses of digitalis and brandy every hour. Now, during the collapse, I at once ordered an enema of whisky, 1 ounce; quinine, grains 15, and water, 1 ounce. Reaction was soon established by this means, and the temperature then gradually rose during the day, and in the evening the nurse telephoned me that the temperature had reached 107.2°, and had risen very rapidly in the last hour or two. The pulse was almost imperceptible, and numbered as nearly as it could be counted 162, while the respirations were 47. The tympanites, which, until a few days before, had been unnoticeable, was now quite apparent, but not excessive. It was nearly an hour after this temperature was taken before I began treatment to reduce it, and it was not taken again until some time later, but it seems as if the thermometer would have registered 108° had the temperature been tested just before treatment. I may state here that the temperature of 107.2° was verified before it was reported, and the thermometer was tested later by myself. Immediately upon my arrival I took off his night-shirt and put him in a cold pack, the windows of the room being left wide open. I then gave him a large enema of tepid water (four quarts), and brought away a large quantity of dark brown, very foul-smelling, watery faecal matter. Dr. Lawson, who saw the case with me next day, thought that this was decomposed blood, and I am now inclined to agree with him, though he continued to pass large quantities of it from this time on to the end. Its presence would account for the collapse in the early morning, but though the quantity and quality of faecal matter remained the same, there were no more signs of collapse. I then washed out the bladder with a solution of boric acid, and in an hour's time had the satisfaction of seeing the temperature reduced to 103.6°, pulse to 141, and much improved in tone and regularity, while the respirations remained about the same. On Dr. Lawson's suggestion I prescribed lachesis 30x every two hours. The temperature showed signs of coming up again during the night and next day, reaching 105.2° several times, but the cold packs and washing of the bladder and bowel would soon reduce it. The pulse, too, improved with this treatment better than under the use of stimulants. On the day following, or the 31st day, the lowest temperature was 101.2° and the highest 103.6°, the pulse was somewhat improved, and the patient had a better countenance than he had had for some time. He regained consciousness and was able to recognize his friends, though because of the condition of his tongue was not able to say more than a few words rather indistinctly. The subsultus tendinum was almost relieved at times, and the patient seemed much better in every way, so that it seemed as if he would certainly get well. The 32d day the highest temperature recorded was 103° and the pulse was 130, while his general condition seemed to be still improving.

About 2 a. m. on the day following hiccoughs appeared, and the patient began moaning terribly with severe pain in the abdomen. His face was pinched, and he had a very anxious look. The temperature rose rapidly to over 104°, and the pulse again became very thready, rapid and almost imper-

Digitized by Google

ceptible. The abdomen was distended and very sensitive to touch. Everything possible was done to relieve the pain, even to giving morphia, but without avail. Vomiting soon set in, and was uncontrollable. He was too weak to throw the vomited matter out of his throat, and though we gave what assistance we could he was finally literally drowned in his own vomit at 10:30 a. m. Had it not been for the complication of the perforation of the bowel, on this day there seems but little doubt but that the patient would have made a recovery.

I desire to speak of a few points in the treatment of this patient. The case was a most unfavorable one to treat from the very start, and yet he held out pretty well till the 33d day after I first saw him. He was an alcoholic, a victim of syphilis—with its complication of cerebral hemorrhages—and he had had, in all probability, "walking typhoid" for three weeks before he began treatment. Any one of these complications was sufficient to make an unfavorable prognosis, and yet he lived 33 days after treatment was begun, and died of perforation of the bowel. Before this for three days he was apparently on the mend, in spite of the fact that he had had a temperature of 107.2° and possibly of 108°. I do not profess to be a close prescriber, and it is possible that, had I given him the true simillimum, the perforation, or even the high temperature and bad heart's action, would not have been factors in the case, and uninterrupted recovery would have taken place. Be this as it may, I did the best I could to assist nature in getting rid of the disease, and I ascribe what success I had, if success it can be called, in a large measure to the liberal use of water, as a cleansing agent, in the mouth, stomach, bowels, bladder and skin; to the exclusion of a forced diet, and to the non-exhibition of stimulants, until the heart showed unmistakable signs of failure; and I am not sure but it was a mistake to use them then, even sparingly as I did (I used brandy and tincture of digitalis in small doses). In addition to the remedies named I also prescribed muriatic acid 3x, lycopodium 30x, and carbo veg. 30x, as intercurrents. I am not prepared to say whether the remedies prescribed acted beneficially at all or not. He held his own pretty well while taking gels. 2x for the first week or two, and he improved rapidly after taking lachesis 30x (some Dr. Lawson gave me, and which he claimed was genuine), but he was also having the other treatments I have mentioned, and it is impossible to tell which did the good. I know, however, that for some time after washing out the bowel and bladder there was a marked improvement in the temperature and heart's action, and a diminishing of the subsultus tendinum, and this without a change of remedy or the use of stimulants, more than he had been taking. Hence I regard the use of stimulants as of questionable value at least. I do not speak from the experience of this case alone, however, when I make these statements, for I have used stimulants but little, and have always been sorry when I have done so.

ROLLIN H. STEVENS, M. D.
No. 6 Adams ave. west, Detroit.

AN ADDRESS DELIVERED BEFORE THE ALUMNI OF THE HARVARD MEDICAL SCHOOL.

Chas. McBurney, M. D., New York.

But I am not going to speak to you about medical education with reference to the education of the student. I think you are fully able to take care of that; and I think we shall follow, as I have said, very gladly in your footsteps. It is some years since I have had anything to do with didactic teaching. I do not now come closely in contact with the student who is studying for his degree; but I am constantly coming in contact with the young men who have taken their degrees, and come into the hospital to live as internes, and with those who have recently graduated from the hospitals and are beginning practice. And it is in those men and with the future of those men that I personally am more deeply interested than I am in the school education of the medical student. In some respects the well-educated medical student is ill-prepared for practical life. And, while I am fully

Digitized by Google

you in the belief that we can hardly have the medical student who is studying for his degree too well educated, I think we must be a little careful lest we shut him out, by occupying the whole of his time in medical student life, from some very important parts of his education.

The important element in the development of the practitioner must be kept in mind; and I think we will all be agreed that, however valuable the specialists who are not exactly in the line of practice, the important part for us, for our medical schools, and for the profession, is the production of good doctors and good surgeons. These we must have. If we do not produce them, we shall fail in attaining the special object of our medical schools. We cannot have too many scientists, too many laboratory men. We depend upon them. They are the romance and the best part of our whole life; but we must have good doctors and good surgeons, otherwise the profession falls. Now, if any one were to ask me what I considered the most important thing in the production of a good doctor or a good surgeon, I should say it was his hospital life, that no other single part of his life compared in value to that. Whether he has his four years' course or three years' course, I look upon as comparatively unimportant. The student who has had two years' full course, and two years of good course, and then has a hospital life of two years, is, in my opinion, worth infinitely more than a student who has four years' medical student life and no hospital experience. I would not be understood as raising a word against the increase in the number of courses, except a word of warning. It is chiefly the consumption of time we must consider; and that question has come up before, and has been deeply studied by the President of Harvard College and all those interested in professional life in various departments. It is a very important question whether we can afford to consume so large an amount of time as four years in Harvard College, and four in the medical college, before the individual has a right to begin to practise; but the hospital life I look upon as absolutely essential, if we would develop the fine students that we have given M.D.'s to. I see that constantly year after year. They come into the hospitals as internes well provided with the fund of knowledge that is acquired by a student in a good medical college, but totally at sea as to what they like and what they do not like, totally ignorant as to whether they are fitted for this specialty or that specialty; and I see them go out of the hospital fully developed, men that I did not expect it of in the least, fine characters, able, self-poised, ready to attack serious problems, and fully prepared to become valuable members of the profession. And I look upon this as so important that I would make very large sacrifices in other directions to encourage students to have this portion of time, a year and a half or two years, allotted to them for life in a hospital. There is something about the constant contact with the patients, the constant feeling of responsibility, which is not too heavy to crush, though heavy enough to strengthen, that develops the man month after month with the very greatest rapidity.

Then I think this sort of life,—hospital life,—which develops a man, and which completes the knowledge he has acquired as a student, is essential to prevent the too rapid production of imperfectly prepared specialists with whom the profession is overloaded. I do not know how it is here, but in other cities I have seen specialists who have had no previous education which would qualify them for the work they are doing to-day. I do not mean they have not had their degrees. For instance, there are men, who are now fifty years old, who are doing very large operations in surgery, under special names, who would not dare to amputate a leg. There is something very wrong about this. A short time ago a man just graduated came to me for my advice in regard to his future career. He said he desired to be a specialist, and the specialty was operative gynaecology. I said to him, "I think it is a fine department, if you will qualify yourself for it." I proposed to him that he should immediately study surgery, try to get into a hospital, become a house surgeon, learn the principles of general surgery, and then study gynaecology, and try to apply those principles to the practice of

Digitized by Google

that department. A few days afterward I met him, asked him if he had arranged his plans, and what hospital he would go to; and he said he had given that up, it would take too much time, and that he found he could associate himself at once with an operative gynaecologist who had a large practice, and he would in that way save all the trouble of studying surgery. This gynaecologist whom he proposed to associate himself with had never had any surgical education whatever. He had formerly been a medical practitioner.

In a city not a great way from here and within a very few weeks an incident occurred that was illustrative of the same thing. An operating gynaecologist of very rapid production—for he never had done an operation before he was forty-five—had begun to operate in a hospital before his class, on a case of ovarian tumor. He made his incision partly through the abdominal wall, when there was a considerable bleeding, more than one would usually see in such a case. "Damn it," said he, "we have got a hemorrhage. Send for the surgeons." And some of the house staff did go off to another part of the hospital to ask one of the surgeons to stop the hemorrhage before the operation of gynaecology could go on. Now, there is no question but what we are threatened with an increase of practitioners engaged in very important and serious work who are not properly qualified, and I believe that the key to the proper qualification is to live in a hospital for one or two years as interne; and I wish that I might make a sufficient amount of hospital life a condition for being allowed to appear before the public as a specialist in any important department. The difficulty about this is the practical solution of the problem. We have not enough hospital appointments. We cannot send all our students to live in the hospitals; but that should not deter us, should not deter Harvard, which is trying to raise the standard so much, from encouraging this particular view. That should rather encourage us to advocate the enlargement of our hospitals, and especially of those hospitals that are in immediate connection with our medical schools.

Materia Medica.

Hepar Sulphur.

Hepar sulphur is made from the middle layer of the oyster shell and flowers of sulphur calcined together. It contains traces of the sulphide of lime and phosphate of lime, beside the principal constituent, sulphide of calcium. From the composition of the remedy we have, as you will see, actions similar to calarea and sulphur, with additions and changes from the characteristics of each.

First, of the mental and nervous system. The mental condition of H. is one of depression, sometimes even suicidal, Past unpleasantnesses return to plague his memory and peace of mind. This depression may go on even to weakness of mind and memory and melancholia.

Hepar is an excellent remedy for facial neuralgia, mostly right-sided, due perhaps to exposure to cold winds.

The symptoms are somewhat similar to those of bell and may be tried after that remedy has failed. Remember the mental irritability and hasty speech and action as characteristic of hepar.

One of the great fields of action of hepar is that of inflammatory reactions of the croupous or suppurative form. One characteristic of hepar accompanies all forms of I in which it is indicated, namely, the extreme sensitiveness of the affected part to the touch. Whether I be an opthalmia, otitis, coryza, faceache, etc. You will find bell, cham, puls remedies with similar symptoms.

When suppuration is impending or has set in hepar is a remedy of first importance. If given high when the thobbing, stabbing pains and signs denote the beginning of the trouble, it is said to arrest the whole trouble. When once fairly started hepar is said to hasten and bring it to a quicker end. We have here again bell hepar, merc, and silicea are are close companions.

Inflammations in the throat—croup. After exposure to dry, cold winds the patient becomes hoarse with whistling, breathing. Respiration difficult. Cough hard, barking

Digitized by Google

ringing with rattling of mucus. Exposure brings a coughing fit. An arm or leg uncovered. Follows acon. spongia.

Kafka recommends hepar in the Brights of Scarlet because of its power over croupous exudations. It has succeeded in cases of this kind.

In ordinary colds hepar may be a remedy, but not in the beginning, but later, when the cold is ripe. There is with hepar when swallowing the sensation of a crumb or fishbone in the throat. Compare merc, nit, acid, argt, nit. alum.

Passing on to the lungs we find hepar useful, perhaps, in the stage of resolution for pneumonia. Certainly if instead of resolution you have suppuration.

Hepar may be of use in tuberculosis.

Hepar is a great remedy for bronchitis and capillary B. In this connection ant. tart. may be thought of. With hepar the exudate is tenacious, and the breathing is accompanied by a wheezing, purring sound. Ant. tart. a loose, rattling cough.

Hepar is not to be forgotten in suppurating glands, especially buboes. Old buboes may be entirely cured by its action.

We do not often think of hepar as a remedy for dyspepsia, but the following symptoms may call for it. Sour taste in mouth and a desire for stimulants. These relieve. A hungry, gnawing feeling in the stomach—longing for something to eat. Tenderness upon pit of stomach. Any kind of food provokes indigestion.

The action upon the skin is important. There is a condition of non-healing. Every scratch suppurates we find this condition under merc, cham, silicea, lycop. Also a moist eruption in the folds of the skin. Eczema with apurulent discharge. It is not to be forgotten in pustular acne.

Hahnemann recommended this drug as an antidote to the effects of merc., and he so used it, even giving as much as three grains hourly. The congested livers and follicular throats of those filled with mercury are benefited by H. S., and H. may be a great remedy for liver troubles, portal engorgments, hemorrhoids, constipation, abdominal pressure, etc.

HEADACHE.

While headache is to be regarded as a symptom, and not a disease, it is so prevalent, and so marked a symptom, that a few words on the character of the headaches developed by the various drugs may not be amiss. From the recently published Chronic Diseases of Hahnemann we cull the following points on headache which may be of some use to those habitually subject to headache.

The Agaricus headache is dull, stupefying, or pressive with heat and thirst.

Alumina headache, with dry heat, pain in nape of neck; increased by walking in the open air; pressive pains over the eyes.

Ammonium carb, headache with nausea "rising up into the throat;" throbbing in the forehead as if it would burst; headache as if water, or something else were in the head; head easily catches cold.

Anacardium: tearing pain in the head in connection with loss of memory, or "a sensation of prostration in the brain."

Antimonium crud. rush of blood to the head; eructation with taste of what has been eaten, qualmishness and nausea.

Arsenicum's headache is relieved by application of cold water but gets worse again afterwards, also throbbing pain just above the root of nose.

The headache of Aurum is as though the brain were bruised; a headache that gets worse from reflection, reading, writing or speaking; a pain "here and there."

In his preface to Baryta carb. Hahnemann says that this remedy will be useful when there is "headache close above the eyes; the head easily catches cold; eruption on the head; baldness of the head." One of the symptoms is that the "skin of the head aches" when touched.

Calcarea carb. has headache, with vertigo, on awakening in the morning; semilateral headache with eructation; headache with nausea; also headache on the side on which he is lying.

Carbo veg. is useful in "headache from overheating," "headache from quick alternation of warm or cold weather;" headache above the eyes which pain on moving them, the hat presses like a heavy load, or head

Digitized by Google

feels as if bandaged.

Under Causticum a morning headache of one of the provers, which had persisted for a long time, disappeared.

Clematis erecta has a headache in the anterior part of the brain worse when walking; and a headache that seems to be more in the bones than in the brain.

The Conium headache is as if the head were "beaten to pieces;" also a feeling as of a downward pressure "as from a stone on the top of the frontal bone."

Dulcamara has "obtuse headache in the forehead and root of the nose, as if he had a board before his head."

Guajacum yields the peculiar symptoms "headache at night like a pressure from below upward in the brain."

Hepar sulphur headaches seem to be centered mainly at one spot "as from a boil in the forehead," or a "boring pain in right temple," etc.

Kali carb. is distinguished by a headache relieved by sitting up and worse lying down and a "cruel headache through the eyes."

Stitching or shooting pain is the characteristic headache of Magnesia carb.

Of Magnesia mur., Hahnemann says in the preface to the remedy, that it has done good service in "daily headache."

A peculiarity of Manganum is that its pain over the whole brain seems to be "from above downward," another is a feeling of "concussion in the brain" from shaking the head, moving or walking

Mezereum headache is relieved by "bending low down;" it will be the more indicated if there are itching eruptions, or nightly itching of the body.

Of Natrum carb. Hahnemann says it is useful for "headache when in the sun;" also "headache, stitches outward from the eyes."

Natrum mur. has a headache that ceases on "pressing together the head;" also for headache from violent exercise; or a headache hammering, beating, throbbing in its quality.

One of the Nitrum provers experienced: "Headache and throat-ache lasting from the evening all through the night, and the following day, especially affecting the left side."

An emphasized symptom of Petroleum is "Attack of headache every morning." The general character seems to be "pressive and shooting."

The general character of the Phosphorus headache is irritability, liability to be startled, vertigo "stupefying headache" with "rush of blood to the head."

One of the symptoms of Sarsaparilla is "Spasmodic, one-sided headache, beginning with flickering before the eyes, while everything turns black."

The Sepia headache is associated with nausea, or heat in the head. "Head as from concussion."

In the preface of Silicea we have: Headache from getting heated; headache from the nape up the vertex; daily headache; perspiration of the head. Also in text the distinctive "Headache from hunger."

Stannum has, "Throbbing headache in the temples."

The headache of Sulphur has a number of peculiar symptoms such as "nocturnal headache at slightest movement in bed" from preface, and from text: "Headache, while the eyes, as it were, drawn shut." "Headache only when going up stairs." "Pain in the whole head as if it had been pressed upon from without, as by a tight hat." The Sulphur patient is apt to have a rough skin and be subject to flushes of heat. The headache is also often in vertex—i. e., the crown of the head.

Hahnemann says of Zincum that it will be useful when, with other symptoms there is "sore pain in the head."—Hom. Envoy.

ALOE: CHARACTERISTIC SYMPTOMS.

Sensation of heat and burning in the rectum.

Sense of insecurity in the bowels, as if diarrhoea might occur at any time.

Diarrhoea with want of confidence in the sphineter ani. The rectum seems full of fluid, which feels heavy as if it would fall out.

Diarrhoea driving out of bed very early in the morning.

Solid stool passes involuntarily, dropping away unnoticed by the sick.

Digitized by Google

Stools which pass away in "gobs" in consistence like the jelly-fish, usually dark in color, but sometimes quite colorless.

When passing wind, feel as if stool would escape.

The stool, though not too hard, causes a pricking in anus, later continuous pain in anus, compelling him to draw it together frequently, whereby it becomes tense and achy.

Hemorrhoids: protrude like a bunch of grapes; constant bearing-down in rectum; bleeding; sore, tender, hot; relieved by cold water.

Every time on passing urine, feeling as if some thin stool would escape with it.

Diarrhoea and incontinence of urine.

Sensation as of a plug wedged in between the symphisis pubis and os coccygis.—Jour. Mat. Med.

TRAUMATIC REMEDIES.

Symphytum.—Non-union of fractures; the pain is jagging, pricking, as if end of bone sticking into flesh. To facilitate the union of fractured bone.

Arnica.—Injury to soft tissues; contused wounds, with much discoloration and sore, bruised feeling. Great fear of being touched by any one coming near.

Caledula.—When there is much loss of tissue, lacerated wounds, where the repair has to be made by granulation.

Ledum.—Punctured wounds in palms and soles, as from nails, awls, rat-bite, sting of insects, etc. Pain remote from seat of injury; parts cold, subjectively and objectively.

Rhus Toxicodendron.—Sprains and strains of single muscles or groups of muscles, from lifting heavy weights, reaching up, etc.—first moving—continued motion.

Actea racemosa.—Straining and soreness of muscles of entire body, as in skating, rowing, running, football, etc.

Staphisagria.—For incised, clean-cut wounds, especially after operations on abdomen.

Hypericum.—Similar to Ledum. Punctured, contused, lacerated wounds; from needles, splinters, etc., especially under the nails, or in soft tissues rich in nerves. Torn or lacerated nerves—pains shoot up limb in streaks. To prevent lockjaw.

Jour. Mat. Med.

THE DOCTOR'S WIFE.

The doctor's wife is the very essential part of himself. No one questions this who has any knowledge of her varied functions as the efficient and ever-ready helpmate. In season and out of season she is ever willing to fill in vacant spaces in his recollection, to regulate his unthrifty habits, and in various other ways to even out those little irregularities in his living which, being approvingly done, make him the acceptable, jovial, and contented mortal for outside exhibition and general adulation. If in the long run she finds herself with an elastic conscience, she rightly blames the peculiar environment which so necessarily fits the situation. The night bell, if it could speak on its own account, would as often bring tears to the recording angel's eye as smiles to the father of lies—white lies, translucent fibs, we mean, that balance their imperative utility against the inexorable expediency of protecting the weary doctor on the one hand and punishing the thoughtless and improvident patient on the other. It is she who has settled with her own conscience the difference between in and out as applied to the patient who really needs the doctor and is willing to pay for an ugly night trip, as compared with the other caller who always waits for dark nights, bad roads, and believes in long-standing accounts.

It is reasonable to suppose that she is not solely responsible for these conventionally pardonable and innocent frauds. Oftentimes the man who is making up his mind to go or stay is at her side as the hidden, hesitating, and interesting prompter, whose voice is not heard but whose influence is felt. In the darkness of the bed chamber at the proximal end of the night tube there is generally a consultation not accounted for in the bill, which results either in the expectant patient trotting for another doctor or gladly taking the one who is so conveniently found at home. The good creature, hardened to the pressing necessities of this common sin, becomes im-

Digitized by Google

mune to all ordinary enticements for deception, and because we can so easily forgive her we gladly and heartily respect her.

Being a recognized silent partner in the business she necessarily claims certain privileges without corresponding restrictions. Under given conditions she often says what she thinks and oftener does as she pleases. Bound by no code of ethics, accountable to no committee on credentials, she gradually in her pleasantly assertive femininity becomes a law unto herself and generally equally so to her accessory part. Fortunately she is more discreet, more circumspect, and more diplomatic than most wives of other professional men. Thus there is peace in the family and society is generally safe.

She may in a limited and friendly circle joke of the incapacities of her husband, his social short-comings, his irregular engagements, his waiting meals, his settled and stubborn indifference to her ailments, his opposition to medication in his own family, and to his careless and shiftless habits, all of which we would gladly forget in writing his obituary, but to the outsiders, cunning and lovable hypocrite as she is, she always pretends to a smiling confidence in the head of the firm and has an assuring word for every doubting Thomas. No one can blame her for this, as the proper motive is always present with the proper feminine discretion to balance it.—Medical Record.

A CLINICAL MONTH AT ANN ARBOR.

So much has been said at different times, and by different individuals, for and against the clinical advantages of the Homeopathic Medical College of the University of Michigan, that it may be interesting to the readers of the Century to know just what the present status of clinical advantages at Ann Arbor really is, and to this end the following resume of the work done during the opening month of the college year is presented. It does not include all of the cases which have been presented at the clinics, but some of the more important ones.

The Surgical Clinic.—The opening clinic at the hospital was largely attended. Not only were students of our own department present, but quite a number from the allopathic department came, and went away convinced that homeopathic surgery was up to date. Prof. Leseure operated for the radical cure of hernia, explaining each step of the operation, and amputated a female breast for commencing carcinoma. Since that time every clinic has been largely attended and the following cases, among others, have been presented: An amputation of the breast for sarcoma, two cases of synovitis in which the adhesions were broken up, several cases of cystitis, an abscess of the breast, abscess of the knee, operation for varicocele, diagnosis of scirrhus of breast, two cases of carcinoma of the stomach, reamputation of the finger, and the removal of a large sized calculus from the bladder by the lateral operation, a full report of which will probably appear later. In fact all of the time devoted to the surgical clinics has been utilized.

The Eye, Ear and Throat Clinic.—This clinic is always abundantly supplied with material, the time allotted being too short to attend to that which is presented. Among the noteworthy cases operated on by Prof. Copeland was a case of cataract removal by a new method recently advocated in England, in which the result was most gratifying; two cases of strabismus operation, an irredectomy, removal of nasal polypi, operation for adenoid growths, tonsilar operations. Besides these an average of eight or ten refraction cases appear at each clinic for the fitting of glasses, etc., as well as a number of catarrhal ear troubles both internal and external. More could not be attended to; the students get much practical work out of this clinic.

The Obstetrical and Gynecological Clinic.—Prof. Parmelee's clinic is also an important one. One obstetrical case was attended by a member of the senior class (all of the class had the opportunity of examining and seeing same). Another case is in the hospital expecting confinement, and a third case is due shortly. Among the operations performed before the class were the operation for anteflexion, perineorrhaphy, currettings and the

Digitized by Google

operation for a pelvic teratoma, a very rare condition and one that excited much interest among the pathologists of the allopathic department as well as of our own. Besides these, cases of sterility, ovarian tumor, rectocele and other minor gynecological cases have presented themselves at this clinic. As but one clinic weekly is given, the material is abundant as could be wished for.

General Medical Clinic.—Of course the general medical clinic in any hospital is the clinic, as far as material goes. Prof. Hinsdale's clinic therefore embraces all those affections not belonging to the other clinics, and ranges from gonorrhea to tuberculosis and senile heart, giving students a broad field for becoming proficient in diagnosis and treatment. The number of patients in the college hospital during the month of October trebled the number of the corresponding month of last year, necessitating the employment of extra nurses and thus increasing the attendance at the training school.

Clinic for Nervous Diseases.—The most interesting case presented at this clinic was one of locomotor ataxia, and the most instructive symptom, perhaps, was the Argyle-Robertson pupil, which was typical. The case was of syphilitic origin, the fulgurating pains, ataxic gait and Romberg symptom were all present. The patient is under treatment and will appear before the class from time to time.

A case of neurasthenia with its multitudinous symptoms was also examined and prescribed for. It was one of those common cases met with in every day practice and consequently an instructive case.

A case of epilepsy or epileptiform convulsions in a child aged five, due to intestinal irritation, also presented itself at the clinic; careful examination revealed no other cause for the trouble. The prognosis is good and the case will be kept under observation by the class.

A case of paralysis agitans is promised in the near future. The fact that this clinic has been neglected for a number of years will account for the small number of cases. It is a fertile field and will develop into one of the features of the school.—W. A. Dewey, M. D., in Med. Cent.

REPORT OF GRACE HOSPITAL, OCT., '96.

Medical cases, 39; surgical, 32; gynaecological, 18; obstetrical, 10; opthalmic, 4. Ambulance calls, 29. Free cases, 35.

Dispensary, new cases, medical, 62; surgical, 53; gynaecological, 14; opthalmic, 50; skin, 27; laryngological, 22; children, 18.

Operations: Laparotomies, for ovarian disease 5, for uterine fibroids 1; hysterectomies, vaginal 4, vagino-abdominal 1; uterine curettings, 8; trachelorrhaphy, 1; permeorrhaphies, 2; hernias, strangulated 1, radical cure 1; circumcisions, 3; for haemorrhoids, 4; rectal abcesses and festulae, 3; amputation, lower third thigh, 1; sarcoma hip and gluteal region, 2; flesh wounds, leg, ear, scalp, nose, etc., 6.

The worthy poor of Detroit free. Cases from outside of Detroit furnished medical attention and nursing, $5 per week in the wards. Private rooms, rates and attention according to circumstances.

Editor Medical Counselor:

Your editorial in the October number of the Counselor may have been upon a somewhat hackneyed subject, but it is nevertheless one of vital importance to the friends of homoeopathy in Michigan and elsewhere, and your remarks concerning the removal of the school were eminently true and practical. I do not suppose, however, that you meant to be understood as saying there is no way to bring about the change from Ann Arbor to Detroit.

The situation is briefly this: The Supreme Court declared the removal bill valid and it is law to-day. It said also to the regents, "You are not obliged to remove the college—you may do so if you choose." They may be persuaded to change their minds, however. and to persuade them is now the business the homoeopaths have in hand. Only once have they ever been known to heed the wishes of homoeopaths or the Legislature in matters homoeopathic, if they didn't want to. They have always been consistent in this, and those who were active in securing the removal act two years ago made a huge mis-

Digitized by Google

take in believing that the regents might for once be inconsistent enough to heed the nearly unanimous order of the Legislature and the wish of the homoeopathic profession.

That ill-founded belief may not seem surprising, however, when it is considered that the removal bill passed both Houses almost unanimously, and was signed by the Governor in spite of the strongest pressure that could be brought to bear from both the regents and the Ann Arbor citizens; that the Legislature generously appropriated $25,000 to construct and equip a college building; that the trustees of Grace Hospital with equal generosity offered to provide abundant clinical facilities without expense to the State; that the friends of homoeopathy in Detroit agreed to donate a site for the college; and finally, that the regents promised the legislators that they would carry out whatever the Legislature directed them to do with the college. All this seemed so liberal, so just, so rational, so hopeful, and so beneficial to all concerned, as to justify the promoters of the bill in declining the advice to put a rider on the University appropriation bill, thus leaving unforged the essential link of the chain designed to draw the college to Detroit.

Since the first attempt of homoeopathists to secure representation in the University, the struggle has never ceased between the friends of homoeopathy on the one hand, to gain first a chair in the allopathic department and later a separate faculty, and the regents on the other hand, to defeat them. When, finally, by a "rider" on the University appropriation bill, the regents were compelled to establish the homoeopathic college, a small but active minority of the homoeopathic profession committed the fatal error of changing the location from Detroit, as at first proposed, to Ann Arbor. Its course since then, now up, now down, but never far up, is familiar to all. What a contrast its condition would present to-day had the plan of establishing it with a full faculty in Detroit been carried out?

When the attempt was made two years ago to abolish the college, the homoeopathic profession almost to a man, recalling the old adage "it's never too late to mend," sought to retrieve past errors by amending the bill establishing the college at Ann Arbor and removing it to Detroit, where it would possess the natural as well as artificial advantages to make it a success and a credit to its friends. The regents, true to their past record, have so far avoided keeping faith and carrying out the wishes of the Legislature and other friends of the college. They have made various moves calculated to wean homoeopaths from their purpose of making the college prosperous, efficient, and permanent, with what success remains to be seen. The men and women who have preserved their hope, their courage, and the strength of their convictions, and maintained their ground through the long, weary years of alternate successes and reverses, are not ready to supinely lay down their arms and yield themselves to the toils of their opponents, at this time when victory is so nearly accomplished. To do so would deservedly forfeit the respect of the Legislature and people of Michigan who have so nobly stood by them in the past, and to win the derision of their enemies.

The reasons for removal are just as valid, just as numerous, and just as imperative now as two years ago. There is nothing to lose and everything to gain. 1. Ann Arbor is a small, inaccessible town, hard for doctors or patients to visit, while all roads lead to the metropolis and doctors can make their daily rounds, visit the city and get back the same day, or at most the next day, in time to see their patients. Nearly all patients coming to the clinic, would have friends in the city and they, too, could come easily and quickly, and be among their friends. 2. Opposition of University authorities and old school pow so effective would be almost nil in the city. 3. The fatal character of the present organization would be done away with—a complete instead of the present "bob-tailed" faculty would confer prestige, strength, and influence, and put students under teachers in sympathy with them throughout the whole college life, instead of under allopathic professors during their first two years. The clinic, small as it is at Ann Arbor, being almost entirely chronic and operative, is prac-

Digitized by Google

tically useless to fit a young man to begin practice—his cases for many years at least are accidents, acute fevers, obstetrics, etc., which he knows nothing about, as he never sees them at all at Ann Arbor, while they are plentiful in the city. 5. Students can find numerous ways of self-support in the city, and this, to say nothing of the many young men in the city who enter the city schools because they can live at home (Detroit has one-tenth the population of the State) would quadruple the number of students. 6. The expense of the complete department would not be greater than the present one of four or five chairs, as the hospital would be free and the amount from students' fees would be four times what it is now. 7. Permanency would be secured in the city, for if, by any means in the future, the regents succeed in separating it from the University, it would be practically if not wholly self-supporting, and would go right on without a ripple, while under existing circumstances separation means the end of the college. 8. Michigan students would attend their own State institution in Detroit, and the annual exodus to Chicago, Cleveland, and elsewhere, that we have witnessed in the past will be stopped, and the benefits accrue to our own State. In short, removal holds out to us such glowing prospects for the future, as our State doubles and quadruples its population, of building up a great, efficient, widely- known college, that will be a source of pride to ourselves and the citizens of Michigan, that it is hard to conceive of any disinterested homoeopath being found to oppose it.

A new Legislature will soon convene. Whatever is to bedone for the college must be undertaken at once. The profession spoke and acted as a unit two years ago, laying aside personal ambitions and preferences, while they strove unitedly for the common good. They have only to do so again, to complete the victory already won. Homoeopathy expects every man to do his duty; let there be no laggards nor camp-followers, but every man march shoulder to shoulder, with our banners no longer trailing but flying to the breeze, our watchword homoeopathy, and our war-cry "On to Detroit."

D. A. MacLACHLAN.

Lansing, Mich., Nov. 16, 1896.

Dear Editor—In regard to the Ann Arbor College, I will say that in my opinion we should not give up the fight for the removal of the Homoeopathic Department from Ann Arbor to Detroit.

The reasons for such removal are just as potent as they ever were, and the absolute refusal of the Regents to carry out the will of the people as expressed by legislative enactment, purely upon technical grounds, should be met by some compulsitory enactment. By all means let the fight go on until the object is fully realized. Yours truly,

D. M. NOTTINGHAM, M. D.

Hon. A. W. Saxton, Homœopathy's Representative, upon Removal.

Dear Counselor:

The time is very near at hand, when the Legislature will again convene, and I think it about time the homoeopathic profession began to formulate some plan whereby we may secure our rights, as expressed by the passage of what was known as the "removal bill," which passed both Houses by nearly a unanimous vote; there being only ten negative votes out of one hundred and thirty-two, was signed by the Governor, and became a law, but the regents as yet have declined to execute it.

I supposed the regents were servants of the people the same as the Governor is, and were placed in the office of regent to execute the will of the people as expressed by the Legislature; but it seems they are to execute some laws and ignore others as they see fit: consequently we must try some other plan to get justice done us, and justice is all we ask; and I can assure the profession that as long as we only ask for justice and fair play, the Legislature of the State of Michigan will stand by us.

I would suggest that a meeting be called, or an expression be obtained from the profession of the State, with the end in view of formulating some plan of action in regard to securing the carrying out of the "removal" plan.

Whatever is done should be done very soon,

Digitized by Google

and not wait until the session is half over, before taking action, as was done two years ago. I, for one, would like very much to hear from the profession at large, their ideas in regard to this subject, and I sincerely trust this matter will be taken hold of with a will; if it is, there is no reason why the homoeopathic profession may not take front rank in this, the same as it does in some other States.

Very truly yours,
A. W. SAXTON.

Jackson, Mich., Nov. 27th, 1896.

A CLINICAL CASE.

Was called one night about a year ago to attend a case of confinement—ordered my carriage and while dressing asked the prospective father if his wife was having considerable pain. He replied that she was in no pain whatever, so I concluded there was no great hurry; however we started for the house at a slow pace.

Mr. ——— requested me to drive a little faster as they were anxious to see me. On arriving at the residence removed my overcoat and made an examination; found a normal case—membranes ruptured and labor proceeding. In just twenty minutes the child was born—afterbirth came all right. This was her first-born. The remarkable feature of this case was that the patient had no pain or pains from first to last—not the slightest. I inquired if she had been taking anything and was informed that she had been drinking squaw root tea for four or five months. Had gathered the fresh roots in the woods and steeped them in water and had taken a drink of this tea twice a day. She had a large branch of these roots left, which I carried to my office.

R. M. LUTON, M. D.

Grand Rapids, Mich.

My Dear Editor:

I have delayed filling out this blank to give myself time to look over my case book; after doing this I find that the record is substantially correct. This only covers the last six years. I wish to add this, of the thirty-four fatal cases, twenty-eight occurred before using anti-toxin, a fatality of 30 per cent.

The six cases since using the anti-toxin make a fatality of 12 per cent. All the cases I report were severe or malignant. Hundreds of mild cases I have not taken into account. If I had, my fatality would have been about 10 per cent. Very truly,

Rock Island, Ill. E. B. KENYON.

My Dear Editor—I have made a hurried report in answer to your diphtheria circular, and it may be of interest to your readers. I have seen all forms of diphtheria and have been very successful, especially in the later years. I believe I have prevented the severe cases I formerly saw by prompt and energetic management in the early stage. I have no routine treatment, but select for fever, then later for the exudate, and third for the complications, especially for the great prostration, which to me is diagnostic from the first. Prostration, fever and exudate decide the diagnosis for me.

Yours,
T. C. DUNCAN, M. D.

Chicago, Ill.

DETROIT HOMOEOP. SOCIETY.

At the meting of the Detroit Homoeopathic Practitioners' Society, held Nov. 19th, Dr. C. G. Crumrine read a paper detailing a case of amputation of the breast in which the tissues were charred by the application of too strong solution of corrosive sublimate. The discussion lead upon poisoning by antiseptic chemicals and other cases of mercury and iodoform poisoning were related.

Poisoning by iodoform, or surgical iodoformism, is a more common and sometimes serious result of dressing small wounds with this substance than is generally supposed. Herpes, lymphangitis, pruritus, end even a very serious polyneuritis have been traced to this cause.

Dr. Crumrine's paper will appear in our next issue.

Digitized by Google

THE MEDICAL COUNSELOR.

A Journal of Homœopathy and Collateral Sciences. Published Monthly by The Medical Counselor Publishing Club, 6 West Adams Avenue. Detroit, Mich.

EDITOR,

Stephen H. Knight, A. M., M. D.

ASSOCIATE EDITORS.

Materia Medica.—M. W. VAN DENBURG, M. D. Fort Edward N. Y
R. MILTON RICHARDS, M. D., Detroit.

Surgery.—CHAS. S. MORLEY, M. D., Detroit.

Medicine.—ROLLIN C. OLIN, M. D., Detroit.

Eye, Ear, Nose, Throat.—D. A. MACLACHLAN, M. D., Detroit

Obstetrics, Gynæcology and Pædology,—
E. LOUISE ORLEMAN, M. D.,
MARY THOMPSON STEVENS, A. B., M. D., Detroit.

Diseases of the Chest.—W. R. MCLAREN, M. D., Detroit.

Mental and Nervous Diseases.—W. A. POLGLASE, M. D., Lapeer.

COLLABORATORS.

M. C. SINCLAIR, M. D., Grand Rapids, C. G. CRUMRINE, M. D. Battle Creek, D. M. NOTTINGHAM, M. D., Saginaw

Subscription price Two Dollars per year. Single copies 20 cents.

Communications are invited from all parts of the world. Contributions, books for review and exchanges should be addressed to the Editor, **14 Willis Ave. West,** *Detroit, Mich.*

Business letters and remittances should be addressed to Rollin H. Stevens, M. D., Business Manager, 6 West Adams Avenue Detroit, Mich.

Editorial.

From the number of letters we have received, it is evident that the profession are still interested in the removal of the Homœopathic College from Ann Arbor to Detroit and hope to bring about its removal in spite of all previous defeats. We have published a number of letters upon the question and have more yet breathing the same spirit. The perplexing question with all our correspondents is what method of procedure will best bring about the long hoped for and still receding result.

Many physicians have advocated the establishment of the college under a separate board of trustees nominally under the control of the regents. This the statutes of Michigan permit. Howell's Statutes, 4923, Sec. 19, read, "The regents may establish and organize a branch or branches by the creation of a trusteeship for the local management of the same, or they may in their discretion select for a branch under the restrictions aforesaid any chartered literary institution in the State."

One correspondent mentions the fact that he has already sent five students to Chicago and has a son now in one of the Chicago colleges. Some believe in forcing the regents by riders upon their appropriation bills, others hope to coax them, but all unite in saying that it would better the interests of the school in Michigan to remove the college to Detroit.

In speaking of the treatment of pneumonia in children the Medical Era has the following: "Poultices to the chest—unless temporarily for the relief of local pain—have, very wisely, been discarded. Some omit even the cotton jacket. It is a question whether the latter appliance is of much benefit. It might conduce to the patient's comfort, and favor the desired refrigeration of the body, if the profession would no longer burden pneumonia patients with chest-envelopes of any kind. They are all relics of the hops and onions and boiled-corn treatment of our grandparents' days."

We agree with the Era, but one of the hardest struggles a physician has with anxious parents is over poultices and the like, which they insist upon using as an envelope for all cases of children with any acute chest trouble. The weary practitioner is invariably regaled with stories of how Dr. So-and-So prevented the Jones baby from having pneumonia by an onion poultice. If your patient gets well it would have done so sooner if you had used a poultice; if it dies, a poultice would have saved its life.

The December COUNCELOR will contain beside the usual editorials, news articles, society reports, articles by Prof. James G. Gilchrist, of the Homœopathic Department of Iowa University upon "The Morality and Ethics of Specialism," a very timely paper; one on "Endocarditis," by Dr. A. P. Hanchett, Council Bluffs, Ia.; "Breast Amputation—Charring," by Dr. C. G. Crumrine, Detroit; "Hernia—Surgical Treatment and Radical Cure," Prof. Wm. D. Foster, Kansas City Homœopathic College; "The Recognition of Colors," Dr. Harold Wilson, Detroit. The first legal paper by Malcolm McGregor, Esq., will appear also in the December number.

Digitized by Google

Books and Pamphlets Received.

A Compend of the Principles of Homoeopathy by Wm. Boericke, M. D., Professor Mat. Medica and Therapeutics at Hahnemann Hospital College of San Francisco. Boericke & Runyon, San Francisco, 1896.

We are in the midst of a homoeopathic revival. "Teach and study the Organon is its watchword. This little book is intended to be an introduction and an aid to fuller study and wider acceptance of Hahnemann's doctrines."

This little book should in our opinion be faithfully studied by every homoeopathic physician and made a part of the curriculum of all our colleges; it covers the whole field of philosophy of homoeopathy. It includes pharmacology, the history of our materia medica, drug proving and its rules, drug relationship, the similimum and Hahnemann's nosology.

The most important part of this book is the discussion of Hahnemann's theory and the examination of the principles laid down in the Organon, an undertaking for which Dr. Boericke is fully qualified.

An appendix contains the late Prof. Samuel Lilienthal's "Catechism on Samuel Hahnemann's 'Organon' and 'Chronic Diseases.'"

The Electro-Therapeutic Guide. Wm. F. Howe, M. D., President of the National College of Electro-Therapeutics, author and publisher. Indianapolis, Ind.

This book takes up in an elementary way the principles of medical and surgical electricity, the structure of batteries, and definition of electrical terms. By far the larger part of the work is devoted to the schematic presentation of diseases and their electrical treatment. The book lays before the reader in a concise way an intelligible method of treating by electricity most of the ills flesh is heir to, saving the time necessary to garner the same from larger works.

Repertory of Tongue Symptoms. Arranged by M. E. Douglass, M. D. Pp. 191, 12 mo. Boericke & Tafel, Philadelphia. Price, $1.00; by mail, $1.09.

This recent addition to the literature of homoeopathy is, as its title indicates, a repertory of tongue symptoms. It is divided into three parts, the first or repertory proper covering 165 pages. In this the various tongue symptoms to be found in the materia medica are collected and arranged in such a manner as to be easily turned to by the physician. The second part is a "Repertory of Mouth and Tongue Symptoms in Typhoid Conditions," and the third is "Remedies." The book is well gotten up, the printing and paper being excellent, and it will, no doubt, be a useful aid to the physician in selecting the remedy.

E. J. K.

THE TEXT OF THE BILL WHICH IT IS PROPOSED TO INTRODUCE INTO THE LEGISLATURE THIS WINTER.

Section 1. The People of the State of Michigan enact that the Governor shall appoint nine physicians, residents of this State, not more than four of whom shall be regular; two homeopathic; two eclectic and one physio-medical, all of whom shall be graduated from some recognized medical college and in good standing and shall have been practicing their profession for a period of at least six years, who shall constitute a board of registration in medicine. Such persons shall be appointed in three classes, each class to consist of three persons. The first class shall be appointed and hold office for a term of three years, the second for the term of two years, the third for the term of one year, respectively, beginning with the first day of in the present year, and until their successors are appointed; and thereafter the Governor shall appoint in such manner as to maintain the representation mentioned, and before the first day of July in each year, three persons qualified as aforesaid to hold office for the term of three years from the first day of next ensuing. No member of said board shall belong to the faculty of any medical college or university, or be financially interested in the manufacture of drugs or the practice of pharmacy. Any member of said

Digitized by Google

board may be removed from office by the Governor. Vacancies in said board shall be filled in accordance with the provisions of this act for the establishment of the original board, and persons appointed to fill vacancies shall hold office during the unexpired term of the member whose place he fills.

Sec. 2. The members of said board shall meet on the second Tuesday of next, at the State capitol at Lansing, and shall immediately proceed to organize by electing a president and secretary, who shall hold their respective office for the term of one year and who shall have the power to administer oaths. The secretary shall give to the treasurer of the State a bond in the penal sum of five thousand dollars, with sufficient sureties, to be approved by the Governor, for the faithful discharge of the duties of his office. The said board shall hold three regular meetings in each year, one on the second Tuesday of March, one on the second Tuesday of July and one on the second Tuesday of November, and such additional meetings at such time and places as it may determine.

Sec. 3. After , all persons engaged in the practice of medicine and surgery in any of its branches, and all who wish to begin the same in the State, shall apply to this board to be registered and for a certificate of such registration. This application shall be granted to such applicants as shall give satisfactory proofs of being twenty-one years of age and of good moral character, only upon compliance with some one of the following set of conditions:

(1) The applicant shall be registered and receive a certificate of registration, if the applicant shall present proof of having already registered under the law of 1883, as amended in 1887, entitled "An act to promote public health," or if the applicant shall present proof of having actually practiced medicine continuously for at least five years in this State, immediately preceding the . The fee for applicants of this class shall be one dollar.

(2) The applicant shall be registered and given a certificate of registration if he or she shall satisfactorily pass an examination before the board upon the following subjects: anatomy, physiology, chemistry, pathology, materia medica, therapeutics, toxicology, histology, hygiene, practice of medicine, surgery, obstetrics, gynecology, diseases of the eye and ear, bacteriology and medical jurisprudence; said examination to be coducted as follows:

(3) The applicant shall pay a fee of ten dollars prior to the examination.

(b) The examination shall be in writing and oral both.

(c) The questions on all subjects, except in materia medica and therapeutics, shall be such as may be answered in common by all schools of medicine.

(d) The applicant shall be examined in materia medica and therapeutics by those members of the board belonging to the same school as the applicant, so far as possible, and no applicant shall be rejected because of his adherence to any particular system of medicine.

(e) An average percentage of at least seventy-five per cent shall be required from every candidate. No additional fee shall be charged for the registration of those who successfully pass such an examination.

(3) The applicant shall be registered and given a certificate of registration, if he or she shall present a certified copy or certificate of registration or license which has been issued to said applicant in another state or country where the requirements for registration shall be found equivalent to those of this act. The fee for registration from applicants of this class shall be five dollars. (See note.)

Sec. 4. Any applicant refused a certificate by said board may appeal from the decision of said board to the appointing power thereof, who may thereupon appoint a medical committee of review, consisting of five members, two from the regular school and one each from the other schools of practice. Said committee of review shall investigate the appeal of the said applicant and determine whether a certificate should issue. If said committee, by majority vote, reverse the determination of the board, the board shall thereupon issue a certificate to the applicant. Before said appeal is sustained the applicant

Digitized by Google

shall give security for cost of appeal.

Sec. 5. The person receiving a certificate of registration shall file the same, or a copy thereof, with the county clerk in the county where he or she resides, and said clerk shall file said certificate, or a copy thereof, and enter proper memorandum thereof in a book to be provided and kept for that purpose. And said county clerk shall each year furnish to the secretary of said board a list of all certificates filed in his office during the preceding year, and upon notice to him of the change of location or death of a person granted a certificate, or upon the revocation of the certificate granted to such person, said county clerk shall enter at the appropriate places in the record so kept by him, a memorandum of said fact; so that the records so kept by said county clerk shall correspond with the records of said board, so kept by the secretary thereof. In case of a person having thus filed a certificate shall move into another county of the State, he or she shall procure from said county clerk a certified copy of said certificate and file the same with the county clerk of the county to which he or she shall so remove. Said county clerk shall file and enter the same with like effect, as if the same was the original certificate.

Sec. 6. All moneys received by said board shall be paid to the State Treasurer monthly, and shall be credited to the general fund of the State, and a receipt for the same shall be filed by the secretary of the board in the office of the Auditor General. The compensation, incidental and traveling expenses of the board shall be paid from the treasury of this State and from such fund only. The compensation of members of the board shall be five dollars each for every day actually spent in the discharge of their duties, and such additional compensation in the case of the secretary as the board may deem proper, and three cents per mile each way for necessary traveling expenses in attending the meetings of the board, and in no case shall any more be paid than was actually expended. Such compensation and the incidental and traveling expenses shall be approved by the board and sent to the Auditor General of the State, who shall draw his warrant upon the State Treasurer for the amounts due as in case of other bills and accounts under the provision of law: Provided, That the amounts so paid shall not exceed the amount received by the treasurer of the State from the board in fees, as herein specified, and so much of said receipts as may be necessary is hereby appropriated for the compensation and expenses of the board as aforesaid.

Sec. 7. The board shall keep a record of the names of all persons registered hereunder and shall collect from the various county clerks of the State all registrations made under the laws of 1883, in order that the record of the registered physicians may be as complete as possible. The board shall also keep a record of all moneys received and disbursed by said board, and said records shall always be open to inspection in the office of the Secretary of State. Said board shall annually report to the Governor, on or before the first day of January in each year, the condition of medicine or surgery in the State, which report shall contain a full and complete record of all its official acts during the year, and shall also contain a statement of the receipts and disbursements of the board.

Sec. 8. Any person who shall practice medicine or surgery in this State contrary to the provisions of this act, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not more than one hundred dollars, or by imprisonment in the county jail for a period of not more than ninety days, or both fine and imprisonment, for each offence. It shall be the duty of the respective prosecuting attorneys of the counties of this State to prosecute violations of the provisions of this act, upon information furnished by the records of the county clerk, or a member or members of said registration board, or by any other person entitled to credit.

Sec. 9. This act shall not apply to the commissioned surgeons of the United States Army, Navy or Marine Hospital service, in actual performance of their official duties, or to regular licensed physicians or surgeons from out of the State, in actual consultation with physicians of this State, nor to interns studying in regularly incorporated hospitals,

Digitized by Google

to dentists in the legitimate practice of their profession, or to temporary assistance in cases of emergency, or to the domestic administration of family remedies.

Sec. 10. If any person shall append the letters "M. D." or "M. B." or prefix the title "Dr." in a medical sense to his or her name, it shall be prima facie evidence of practicing Medicine and Surgery within the meaning of this act.

Sec. 11. It shall be the duty of the supervisor at the time of making the annual assessment in each year, to make out a list of all Physicians residing within his township, village, ward or city, with the name, age, sex or color of each, and the length of time each has been engaged in practice. Such list shall be returned by the supervisor to the county clerk, and by the clerk recorded in a book in which are kept the records of the board, and annually on or before the 1st day of January, such clerks shall furnish certified lists of the same to the secretary of the State board.

Sec. 12. An act entitled "An act to promote the public health," approved June 6, 1883, is hereby repealed.

(Note.)—The foregoing is the bill favored by the Executive Board and Vice-Presidents. It was suggested that enquiry be made of physicians concerning the advisability of permitting the holders of diplomas from certain institutions to practice without examination, provision to be made in the bill by the following paragraph:

The appellant shall be registered and given a certificate of registration if he or she shall be the lawful possessor of a diploma from a medical school whose requirements for graduation are equal to the following, viz: A mean education or examination, four full years of medical study, including full courses of not less than six months each pursued in four different calendar years: Provided, That any person having a diploma from any recognized medical school issued previous to 1889, shall be allowed to register under this act. No foreign diploma which does not give the holder the right to practice in the country in which it was issued, shall entitle the holder to practice in this State without examination. The fee for registration from applicants of this class shall be five dollars.

Report of Detroit Board of Health for October: Births, 345; rate per 1,000, 14.62. Deaths exclusive of still-born, 330; rate per 1,000, 14.60. Causes of death: Bright's disease, 12; bronchitis, 15; pneumonia, 30; consumption, 35; heart disease, 21; old age, 13; cancer, 11; convulsions, 24; croup, 5; diphtheria, 40. Contagious diseases: Diphtheria, new cases 135, deaths 40; scarlet fever, new cases 31, deaths 1. Typhoid fever, deaths 5. Examinations for Klebs-Loeffler bacilli, 59; true diphtheria, 32; false, 23. The bacteriologist examined the city water four different with the following results:
times with the following results:
Oct. 28—Bacteria per cubic centimeter..108
Oct. 30—Bacteria per cubic centimeter.. 48
Oct. 31—Bacteria per cubic centimeter..130
Garbage collected, 1,584 tons. Highest daily mean temperature, 62°, lowest 37°. Highest thermometer 74°, lowest 31°.

The Death of Washington.—"He was in excellent health, and yet he died as the result of a single day's illness. He really died a violent death. On Thursday, the 12th of December, 1799, Washington rode over his farms on a tour of inspection through a driving sleet storm. He became wet and chilled. As a consequence he took a severe cold, but no alarming symptoms developed till Saturday morning, the 14th, when he was so choked up he could hardly speak and experienced great difficulty in breathing. His family became alarmed, and sent for his medical advisers. Meantime the patient was bled freely. This means that they drew not less than a pint of blood from his veins.

"About 9 o'clock Dr. Craick arrived, and the heroic treatment was continued. Another pint, or so of blood was taken from the poor victim, and a Spanish fly blister was applied to his throat. About 11 o'clock Dr. Craick bled the patient again, but without affording him any relief.

"At near 3 o'clock Dr. Dick came in and soon after him Dr. Brown, both of whom had

Digitized by Google

been previously sent for. A consultation was held, and as a result the patient was bled for the fourth time. This time 'the blood ran slowly, appeared very thick, and did not produce any symptoms of fainting.' Clearly the general was about bled dry, and so, as nothing more was to be gained by bleeding, about 4 o'clock calomel and tartar emetic were administered.

"At half-past 4 Washington called his household, and, after bidding them good-bye, arranged for the proper disposition of his business affairs. Between 5 and 6 the physicians came in again and had him raised up in bed. He said to Dr. Craick: 'I feel myself going; you had better not take any more trouble about me, but let me go off quietly.'

"This, however, did not suit the doctors, for at night they applied fly blisters to his legs. By 10 o'clock he was dead—a victim of phlebotomy.

"Were physicians to treat a patient in the same way now no grand jury would hesitate to bring in a bill of indictment for criminal malpractice."—Exchange.

Editors Table.

Dr. Frank McGuire has returned from Alpena to again locate in Detroit. We also note the following removals: Drs. J. P. Lewis and wife to San Diego, Cal.; F. S. Carperter from Berwyn, Ill., to Newark, N. J.; F. J. Paul from Cambridge to Rock Island, Ill.; Y. G. Richmond from 53th street to Lexington avenue, Chicago; Sue A. White from 24 Arcade to Winston building, Utica, N. Y.; S. H. Hallock from Syracuse to Newton Falls, N. Y.; and Abbie Stewart from 55th street to 323 23d street, Chicago.

Dr. C. E. Fisher, of the Medical Century editorial chair, will return from his California outing about December 10th, or earlier. Dr. Fisher has been much improved in health by his recuperative trip and will take up his professional work and the editorial pen with renewed vigor upon his return.

Dr. Chas. F. Sterling lectured before the Twentieth Century Club, Detroit, Nov. 24, on the "Special Senses."

There is said to be a good opening for a young homoeopath at Colfax, Iowa.

Dr. Wm. U. Van Baun, editor of the Hahnemann Monthly, has removed from his old office to No. 1402 Spruce st., Philadelphia.

Dr. G. L. LeFevre has been elected a second time to the post of county physician in Muskegon, Mich.

Dr. R. C. Olin, Detroit, has just returned from a hunting trip in the woods of Michigan. We understandthe doctor did great execution among the deer and other ferocious beasts—in fact, as a hunter, even the great Mr. Bryan is not in it with the doctor.

Prof. W. E. Taylor, of the Hahnemann, Chicago, has been elected to the McKinley presidential college. His duties in the electoral college will not prevent his continuance at the Hahnemann.

The Counselor has now a record of 900 cases of diphtheria with 75 deaths, about 8 per cent.

Comfort for Tobacco Users.—Investigations of the effects of tobacco during the epidemic of cholera at Hamburg state that there were no live microbes after twenty-four hours in the cigars made up with water containing 1,500,000 cholera microbes to the cubic centimeter. There were no traces of microbes to be found in any of the cigars manufactured at Hamburg during the course of the epidemic. The microbes die in half to two hour's exposure to tobacco smoke, Brazil, Sumatra or Havana tobacco. The smoke of any cigar kills the microbes. The smoke kills in five minutes all the microbes in the saliva. Another fact established is that none of the persons employed in the tobacco factories at Hamburg, contracted cholera.—Gaz. degli Osp. e delle Clin.

Baltimore Inspects Its Bakeries.—The Board of Health of Baltimore has appointed an inspector of bakeries, whose duty will be to make periodical visits to such places, and inspect material, utensils, and everything pertaining to the operation of baking. The aim of the department is a worthy one, and conducted upon lines sufficiently wide, should correct the typical unsanitary surroundings of such places, and insure cleanliness among those upon whom the care or carelessness of whose persons and their surroundings depends.—American Medico-Surgical Bulletin.

Digitized by Google

THE MEDICAL COUNSELOR.

A MONTHLY JOURNAL OF HOMŒOPATHY AND COLLATERAL SCIENCES.

OLD SERIES, VOL. XV.
NEW SERIES, VOL. I.

DETROIT, DECEMBER, 1896.

NO. XII.

John Ellis M.D.

DR. JOHN ELLIS,

BY E. R. ELLIS, M. D.,
DETROIT.

One of the most noted physicians of the homoeopathic school in Michigan in early days was John Ellis, M. D., who died at his home in New York city, Dec. 3, 1896, in his 82d year. He was a native of Massachusetts, and soon after graduating at the Pittsfield medical college in that state, and taking further instruction under the famous Prof. March, the noted surgeon at the head of the Albany college, he came to Michigan and located in Grand Rapids in 1843. Just previous to this time he had heard some favorable report of a new system of medicine which had a few advocates in New York city and known as homoeopathy. He procured a few of the leading remedies and what books he could thereon and tried the system gradually in connection with the old practice as he had learned it. Within a year or two he became fully convinced of the superiority of the new system, and after spending a few months in New York city to become better posted in its ways, he returned in 1846, and settled in Detroit, where

Digitized by Google

he practiced until 1861, then going to New York where he has since resided. He was thus the first homoeopathist in the state in point of time; and in ability, and influence, has never had a superior. He was at the head and front in all the struggles for the new medical system in this state. The first attempt on the part of the old school ever made in this country to restrict and destroy homoeopathy by legislative enactments was directed toward Dr. Ellis and his then partner, Dr. P. M. Wheaton. It was in 1847, when the capitol of the state was in this city, that a noted and pompous allopathic doctor here had a bill introduced "to fine and imprison all quacks or those who practiced medicine contrary to the prevailing system." The bill passed one branch of the Legislature but before it was to come up in the other branch Senator John Allen, of Ann Arbor, and Rep. Charles H. Taylor, of Grand Rapids, informed the two doctors above mentioned, and a printed protest was laid on the table of each member. The bill was never called up thereafter. Never was a similar attempt again made until twenty years later when two obscure doctors in the north part of Kent county sent into the Legislature a petition to "prevent quackery in medicine." This effort also, like the first, was directed toward homoeopathy and to destroy the successful competition of a young homoeopathist who had the temerity to locate in the vicinity of the two irate allopaths who hoped to thus destroy a hated rival.

In 1855 the first act which passed the Legislature of this state to establish homoeopathy in the University of Michigan was obtained mainly through the influence of Drs. John Ellis, Thayer, Woodruff, and a few others, all of whom have now passed on to the rewards of the other life.

The opposition of all the homoeopathists in those early days by the allopathist was intense. The first year or two after Dr. Ellis came here he and his partner operated for strangulated hernia on a lady patient. Mortification of the intestine was found to be present and thus the operation was too late to be successful. The pompous allopath indicated above made a great howl through the town about "those awful homoeopathic quacks cutting a woman open alive and killing her." About this time this allopath had been treating a male infant for what he called double hernia with pads and trusses, terribly aggravating the distress and condition of the child. The mother was finally induced to take her child to the homoeopathic doctor. Dr. Ellis at once diagnosed the case as one of non-descent of the testicles, and explained the physiology of the process to the mother, and if she would remove all the local appliances her child would be relieved of its torture and would soon be well. That woman was ever after a good homoeopath and never ceased to berate the conceited but ignorant allopath. After the latter had howled for quite a time about "the quacks cutting a woman open alive, ect.," Dr. Ellis wrote him a note reciting the case of the child, and what an awful blunder he had made, and threatened to publicly expose his ignorance if he ever heard more of his slander. It shut him up most effectually.

He never tried to build himself up by pulling others down, or to depreciate any one in the estimation of others, and seldom worried about those who thought themselves his rivals. Many years ago one of the latter called his aid in a difficult case of labor. Instruments were necessary and Dr. Ellis suggested that, as the patient was not his, the other doctor should use them. He attempted it, and the patient protested that he was not doing it right. When he found that he could not lock the forceps and was baffled, he urged Dr. Ellis to take the case. Dr. E. found that the forceps were in the rectum and asked the other man to examine the case again. When the case was safely concluded, and the doctors got outside, Dr. E. was besought to not tell of the disgraceful blunder, nor did he, until years after.

Dr. Ellis had great surgical talent and in his early days made some operations of uncommon merit, one of which was the ligation of both carotid arteries, in a case of gun shot wound in the neck. This was the second year of his practice and was the first successful case of the kind ever recorded, and it gave him fame in medical circles throughout the world. Later, but before anaesthesics came into use, to do away with the terrors of surg-

Digitized by Google

ery, the triumphs of homoeopathy proving so great to cure many ills before considered necessarily surgical that he ceased to give that branch of his profession special attention.

In those early days of homoeopathy Dr. Ellis, and colleagues, organized the Michigan Institute of Homoeopathy as an adjunct to the American Institution of Homoeopathy, and it did good work until about 1870, when it was reorganized into the present state society.

From 1856 to 1861 Dr. Ellis lectured on theory and practice in the Cleveland Homoeopathic College, and again, after he moved to New York city, in the Homoeopathic College there for two years.

It was said that, for a man of medium size, he had a larger and more symmetrical head than is often seen. What was better, his heart, and love for his fellow men, was still greater, and few men loved God and them more than did he. He considered the use of intoxicants, tobacco, and tight lacing as the three great vices and follies of man and woman kind, and spent no end of time, and thousands of dollars in publications, to counteract these pernicious habits.

His two great lights were Hahnemann and Swedenborg. He regarded the first as the greatest man the world has produced in modern times, as he gave to mankind a knowledge of the only true science of medicine ever known, and the latter as having laid open all the secrets of the other life in a way to be comprehended by the reason of man.

About 1870 he became interested in a factory for the manufacture of lubricating oils, which, through financial, and other complications, after a time he was, to save himself from loss, induced to purchase. Being a chemist of rare ability he devised a new and improved process of refining oils, and as it became necessary for him to superintend the work he reluctantly gave up the practice of medicine. Being a man of great prudence and business ability he has, with the aid of his son, built a large business, the sales extending to all parts of the globe, at which they have accumulated large fortunes. But in the midst of a very busy life he never lost his ardor for homoeopathy, and about three years ago sent out through the publishing house of Boerick & Fafel over 300,000 copies of his early experience in that science to every physician, clergyman and lawyer in the United States and Canada. These were gratuitous, the postage on which was over $6,000. He was a man of few words but vast doing, and all who knew him in this section agree that he was the brightest man and ablest physician they ever knew. He was a profoundly religious man, nearly all his mature life being an ardent member of the New Jerusalem (Swedenborg) Church. He was a man devoid of ostentation, of remarkable purity and simplicity of life, always strictly temperate, reticent and of a philosophical turn of mind, and it is said that late years many of his best acquaintances have spoken of him as the modern Socrates.

His oil works at Edgewater, on the Hudson River, with the residences for his workmen and other buildings, made a small village, and must have cost near a million of dollars, all of which came up from small beginnings, under his devising and personal supervision.

He is the last of that brave band who made a successful warfare for homoeopathy in Michigan in early days, and his memory and deeds are well worth preservation.

He was born Nov. 26, 1815, in Ashfield, Mass., a mountain town about 12 miles east of the Hoosac tunnel, a town in which his great grandfather was the first settler in 1740. His death resulted from a cold, taken a few days before, which developed into pneumonia.

The likeness of him on page 261 is copied from a photo taken when he was about 48 years of age.

THE MORALITY AND ETHICS OF SPECIALISM.

READ AT THE MEETING OF THE MISSOURI VALLEY HOMOEOPATHIC MEDICAL ASSOCIATION SEPTEMBER, 1896.

JAMES G. GILCHRIST, A. M., M. D.

The better class of medical periodicals today are giving much attention to the relation the specialist and general practitioner sustain, or should sustain, to each other. It is quite remarkable to note the unanimity that prevails, almost as though there had

Digitized by Google

been a conference between the various editors and writers. The most remarkable feature, however, and one that promises much, is that the argument for specialism, and the duty of the general profession, comes almost entirely from the non-specialists. This fact is not only encouraging, as to the future of medicine, but would seem to forbid one who is a specialist from entering the discussion. Nevertheless there is much to be said that can only be said by the specialist, and as such an one, I ask a hearing.

In the outset, permit me to say, that personally I have no grievance to redress, and no quarrel to wage with my brothers in general medicine. My relations with the profession are of the most harmonious and delightful character. I have nothing to ask, for all has been given that could be asked; I have enjoyed all the consideration, and more (I doubt not) that my merits deserve. This must be borne in mind. What I have to say later has no reference to conditions existing in my field of labor; there is nothing personal in the discussion. The argument, if such it can be called, is suggested solely by a state of things against which reaction has already set in. The American Medical and Surgical Bulletin, July 11th, 1896, has an editorial on "Post Graduate Medical Instruction—The other side of the Question," from which I wish to make a few quotations as a text to what is to follow.

"It is the aim of post-graduate instruction to impart within a few weeks or months the accumulated knowledge of experienced teachers. This is, of necessity, a cramming process, and the question which we would ask is, Is it successful? The alumni of the various post-graduate schools now number thousands, representing every state in the union, with a considerable portion from Canada. It is time to look for tangible results, since there are few communities in which the seed has not been sown. Considering the great opportunities which these gentlemen have enjoyed (as duly set forth in the Announcements of their Almae Maters), we have a right to expect a distinct advance in the standard, etc.* * * Is this the fact? The cynical observer can hardly answer in the affirmative. Even the candid professor must acknowledge, as he looks back over his ten or more years of faithful work, that he has been too often disappointed in his pupils." * * * * "A man who, after a six weeks' course in gynaecology, returns to his home with the idea that he is prepared to pose as a specialist in that branch, is a distinct element of danger to himself, and to the community in which he lives." Apropos to this, and although without scientific parentage, the N. A., Jour. of Hom. (July, 1896), quotes this from "Bill Nye": "A case of appendicitis required an operation, some weeks ago, and the surgeon had never tried it before. When he had removed the inflamed appendix, on account of some typographical errors that he found in it, he began to put back the other organs, but after three or four days, and an apparent healing of the wound by 'first intention,' he found an odd-looking organ, behind the lounge, that had evidently been left out."

The discussion of the subject in hand naturally falls under two heads, morals and ethics, using the latter word in the restricted medical sense, to some extent. As a question of morals, the proposition is that the patient has a right to receive the best treatment obtainable, regardless of any other consideration whatever. How best to secure that 'best treatment' is a question to be decided by the circumstances surrounding each case. In what is to follow I shall consider surgery the particular specialty under consideration. We all know, or should know, that the mere ability to make an operation does not constitute a surgeon; it is a mere question of manual dexterity, natural or acquired, some mechanical ingenuity, and a certain amount of courage, the latter often increasing as exact knowledge and experience diminishes. The surgical qualities are diagnostic ability, knowledge of morbid action and pathological processes, and scientific attainments, together with the ability, from experience and study, to weigh therapeutic indications, and knowledge of anatomy, living and dead. A physician in full general practice cannot, in the very nature of things, possess all these requirements, not

Digitized by Google

the essential ones certainly, for his daily avocations forbid it, and it is useless for him to assume that he has them, for the better informed of the laity know that it would be impossible. To attempt major surgery without them, under circumstances where special skill and experience is within reach, is little short of a crime against humanity, and probably would be so adjudged if legal processes should ensue in the case of an unfavorable termination. The only excuse that would be valid, in such a contingency, would be the impossibility of securing the services of a specialist of repute, or that the function was one that all medical practitioners should be prepared to execute. Most of us who have had a fairly large experience in surgery, know that our ratio of mortality diminishes as our experience increases. A man in the beginning of his career lost from 35 to 40 per cent. of his abdominal operations; after some years' experience, the ratio falls to 4 or 5 per cent., or even lower. What has he to say of the frightful mortality in the beginning of his career? Had he any moral right to acquire his later successes at such a frightful expenditure of life? True, the older practitioners to-day, had no other way open to them for the acquisition of experience. But the conditions have changed; poly-clinics and post-graduate schools exist in all our large cities, and there are opportunities to-day for preparation that the older men did not have. But this will be returned to later. The patient has a claim on the best skill obtainable, not only that possessed by his family physician.

Secondly, the profession have rights. The knowledge of the profession on questions of special character, is derived from the work of a few men of large experience. A man who has made 1,000 or more ovariotomies, has added more to the exact knowledge of the whole profession than would come from double that number of cases distributed among several hundred men, who have seen but one or two cases each. The statistics of mortality, convalescense and the like, are not made up from the scattered work of non-specialists, or those who have little and rare experience, but from the large operators, who see hundreds of cases a year. Take even such a relatively small affair as ordinary gun-shot wounds, of which all of us, special and otherwise, see more or less. The literature is enormous, and we all know that the most knowledge of the subject, or such exactness as we have, comes from the work and experiences of the leading army surgeons. In other words, as someone has put it, if there were 200 gun-shot injuries distributed among 200 practitioners, even near to each other, the gain in knowledge by the profession would be nothing as compared to what it would be if one man saw 50 of them, or even 25. In other words, the cultivation of specialism,—legitimate specialism—is a direct gain to the profession in the acquisition of knowledge, and such cultivation means that the special work must be left to those in the best position to do it, both for the honor of the profession and the benefit of humanity. It is singular how uniformly any encroachment on the field of the general practitioner is resented, and how ready the latter is to trespass on the field of the surgeon.

Again, the claims of specialism being conceded, and the advantage to the profession and public recognized, something more should be said of the qualities needed to equip the specialist. The term, of course, is self-explanatory, "special knowledge and skill." Let us first enquire what is needed, and then how to secure it.

If a man needed a machine of any kind, would he go to a tailor, bricklayer, or stone mason, or to one who made such machines? Or if he needed an engineer, would he go to a member of some other trade? Certainly not, and yet all handicraftsmen are mechanics. Would it not be as reasonable to employ a man to do any work in mechanics simply because he was a mechanic? Naturally we would go to one who had skill and experience in the particular work we had in hand. There is no greater difference between one mechanic art and another, working with the same material, than there is between the different specialties in medicine. Let us see: A tumor is to be removed from the triangles of the neck; the adhesions are

Digitized by Google

dense and numerous, and the growth of magnitude. We all know, in a general way, that the region is full of nervous structures that are very essential to the continuance of life; large and important blood-vessels, and other very important organs, such as the thoracic duct, and essential lymphatics. The tumor in its development has included various structures, has displaced others, and altered the structure of others, as thickening and thinning. Is it not reasonable to insist that before a man commences such a formidable operation, he should furnish satisfactory evidence that he has exact knowledge of the anatomy of the part, and the ability to identify every structure he meets in his dissection? Has anybody but a surgeon of experience got such knowledge? We know it would be impossible. But, some will say, we all studied anatomy, and no man will undertake such an operation without looking up his anatomy. There is the point; what anatomy? Will the anatomy of the dissecting room, or of the text-books fill the conditions? A thousand times, no! surely not if it has to be studied up for the occasion. The anatomy of the dissecting room is of little value in practical surgery, as structure, color and relationship are very different from that with which the surgeon has to deal. We know of many cases, of smaller magnitude, where amateur surgeons often do irreparable damage from want of anatomical knowledge of a surgical kind. How many men have attempted operations for hemorrhoids, who cannot recognize a muscle, like the sphincters, when they see it, and dissect it out with that "inch" they all talk so flippantly about.

But it is not only in the ability to identify normal and pathological structures, through anatomical knowledge, and familiarity with the living tissues, that special knowledge and skill inures to the benefit of the patient. We all know that the shorter anaesthesia is maintained, the better; that exposure to air, handling, and the like, has great significance in operations in the great cavities of the body. In other words, time is an essential factor in all major operations; shock, and uncalled for transmutism must be minimized by speed in the operation. Distinguish, if you please, between speed and haste; the terms are not synonymous. In two operations, essentially the same, the one which is made in the shortest time will do the best, other things being equal.

Another matter of moment, and yet little employed, is familiarity with the behavior of tissues under the knife. Dead tissues are cut with difficulty, the wound usually being ragged, and the want of elasticity gives very lithe dispartition. Living tissues are cut with less effort, and it requires time and experience to determine just how much pressure to employ to carry an incision to a predetermined depth. Appreciating the necessity for clean, smooth incisions in surgical work, it is apparent only practice will enable an operator to govern his knife so that he will get all he wants, no more or no less.

Many other items might well be attended to, but time forbids, and this audience does not need a full tabulation. One only might be mentioned in closing this part of our subject. Physiological knowledge is often of pressing importance. The functions of parts, and compensations, if any, will often decide pro or con in visceral operations. If more attention were paid to this, there would be hundreds of uteri, now ingloriously swimming in alcohol, that would be where they belong, in the bodies of those who mourn their loss, and curse those who ignorantly removed them.

Conceding what would seem to be demonstrable facts, that the patient has an undeniable claim for the best obtainable care and treatment, regardless of any other consideration, and that when such care demands special preparation and skill the claimant to consideration as a specialist must exhibit proper credentials and proof of the possession of the required special qualifications, the question naturally arises, how shall this special skill and knowledge be secured? There are but two methods, experimental training on the bodies of unfortunate patients, or special training and demonstration in suitable schools for that purpose.

It must be remembered that the older special practitioners of to-day have passed

Digitized by Google

through an experience that was made necessary by the conditions obtaining a few years ago. Thirty, or even twenty years ago, there were no opportunities for special training, post-graduate schools and poly-clinics being unknown in this country. Their school was the school of practical experience, and while the outcome has been splendid, yet the cost has been something fearful. The ratio of mortality in the earlier series was something awful to contemplate, and which would not be allowed to-day. But any other course was impossible. A man undertaking such work to-day would be justly chargeable with want of moral sense, and should meet the stern disapproval of the profession. He may have theoretical information, he may know something of the kind of anatomy he needs, he may have a hearsay knowledge of the technique, but he commences where nearly all his predecessors commenced, and will close his career about where they closed theirs. He has not added materially to the knowledge of the profession, he has only partially worked out his own capabilities, and has achieved the little gained at the expense of suffering and death entirely unjustifiable and technically criminal.

The honest, humane and common-sense way to become fitted for the practice of a specialty, particularly surgery, is to go through a systematic course of training, first as a student for a long period, in a good polyclinic, then as assistant to one in full special practice, or critrine in a hospital. Such a student commences his study, practically, at the point his teacher has reached, and ought to reach a point far beyond that reached by his predecessors. There can be no question that this is the only honest way to commence preparation for a specialty. Some will say, however, this would afford opportunity for a very small number of men. That is true; but, it may be asked, is there any necessity for a larger number of specialists. Certainly not. All of us of any experience in surgery know very well that there are not enough major cases to "go around" in any State west of the Mississippi. Our clinic books show cases from a very wide territory. My own, for the past year, includes Minnesota, Wisconsin, Illinois, Kentucky, Arkansas, Kansas, Missouri, North and South Dakota, Nebraska, Wyoming, Montana and Iowa. If all who wish to be specialists could realize their ambition, there would be no specialists, as there would not be work enough to keep them in practice.

This leads to the last question, which can be briefly dismissed, a question of ethics. To say nothing of a man undertaking to do, in a purely experimental way, that which he has never done before, and in which his training is known to himself to be inadequate, the fact that the welfare of a human being is dependent upon his action must (or should) be a serious matter to him. I have more admiration for the courage, if such a dignified term is proper, of such an one, than his discretion or honesty. The question is not on these lines; these are questions of simple honesty and good sense. The ethical discussion naturally falls under two heads, as it affects the specialist, and the general practitioner.

The specialist looks to the profession for patronage; there are not enough major or formal operations, in any community, for a man to find them among his friends in the laity. No man can have a reputation, purely local, that will give his sufficient occupation to warrant his classification among specialists, who has not an extensive professional acquaintance, and is in good rejute with his colleagues. The specialist practically advertises himself as one seeking professional patronage, and to have any claim thereto must be able to show special fitness, in the first place, and secondly, an assurance that the trust reposed in him will not be betrayed. He will guard his colleagues' interest, protect his reputation, and even enhance it, and keep off the field of general medicine. Of course a good specialist is a graduate from the general profession. He must have years of experience in general medicine before he is qualified to become in a true sense a specialist. But having entered the field, he must keep out of the way of his brethren to whom he looks for patronage. The fraternity will always justly look with suspicion on the purity of purpose of one who attempts to

Digitized by Google

cultivate both fields of practice. I think as a class, specialists are scrupulously observant of this obligation, and almost uniformly confine themselves, practically. to their proper practice. At least, this is true of those who have reached established position. It is the more commendable that this is so uniformly the case, for they do not, at all times, meet a suitable return.

On the part of the profession in general, is there not an obligation, similar in character, and equally as imperative, resting upon them? It would seem so, surely. If the specialist can do the service required better than another, with greater promise of success, both as to life and health, what possible excuse can there be for one less qualified to undertake it? Certainly, taking the patient's welfare as a standard, the general practitioner is scarcely an honest family adviser and counselor if he deliberately, from motives of vanity, greed, or through ignorance, deprives his patient of the best services obtainable. Sometimes we hear it said that a physician loses caste, or diminishes the respect of his patrons, when he advises the employment of special services. We all know that so far from this being the case, the reverse is true. He has established another bond of confidence and esteem between his patient and himself. The better class of people would think little of the honesty or humanity of their physician who would deny them any advantage derivable from assistance from one specially trained and experienced in cases generally esteemed to be outside the limit of general medicine. It is a melancholy fact that this obligation of reciprocity acts very lightly on a large number of physicians, and the less so when it should be most sternly felt. It is not the practitioner in large centers that sins so often against the canons of common sense, but those in small communities, with very slender opportunity for meeting cases of a character usually calling for special treatment, and of course with practically no experience therein. To be sure, the fault is often the result of unfortunate circumstances, but still oftener it is from a failure to distinguish between the surgery that falls to all medical men to do, and that which is, in the nature of things, entirely outside the boundaries of general medicine. Of course all emergency work must be cared for by the medical men on the ground. It is when we come to formal operations, and cases of chronic surgical conditions, that the line must be sharply drawn between general and special medicine. There are few surgeons, of wide practice, who cannot give many instances of maltreatment that would be ludicrous but for the interests involved, in which secondary operations were quite so much to repair damage done by these amateurs as to relieve or cure the original condition. There are more cases, or as many, where life has been lost from an attempt to do a major operation, where all the requisites in the operation were wanting. I have seen several such, and marvel at the utter oblivion, or appearance of it, on the part of the operator, that he was in any sense responsible for the destruction of a human life. One such case is vividly impressed on my mind, where the operator coolly said to a widowed wife: "Well, Mrs. ——, you have the satisfaction of knowing that all was done that could be done." Great Heaven! He should have said something very different, for what he did, in trying to do that which a first-class specialist would have hesitated to attempt, was the direct cause for the death! The sum and substance of all that has been said is simply this:

There is a necessity for specialism, both in the interests of humanity and the medical profession. A genuine specialist must possess qualifications that make his services of value to the physician and patient.

A sense of moral obligation should lead the family physician to give his patient the benefit of the best skill obtainable.

A proper ethical spirit should forbid the specialist intruding on the domain of the general practitioner, and he has a right to expect similar treatment and consideration from others.

Counselor and Leslie's Illustrated Weekly for 1897 for $3.00, in advance; subscribe now. This means you.

Digitized by Google

ENDOCARDITIS.

A. P. HANCHETT, M. D., COUNCIL BLUFFS, IA.

READ BEFORE THE HAHNEMANN MEDICAL ASSOCIATION OF IOWA AT DES MOINES, IA.

Endocarditis is defined by Cheadle to be an inflammation of the lining membrane of the heart, affecting chiefly the fibrous structure of the cardiac valves and their tendenous attachments.

Some writers claim that it is never idiopathic, others holding that it may be, though much more frequently observed as a complication of some primary disease as rheumatism, chorea, or some septic fever, as scarlet fever, septicemia, piemia, erysipelas, etc.

It may occur in the fetus for it has frequently been discovered in new-born infants. Rauchfous, of St. Petersburg, reports three hundred cases of fetal endocarditis from his own practice, which would indicate, if his observations are correct, that it is often overlooked by practitioners in this country, or else that they have failed to make as frequent reports of this trouble as they should.

Endocarditis, in early childhood, is doubtless a much more common disorder than is generally supposed. Physicians are not sufficiently on the alert for such troubles, and do not, many times, make a careful examination of the heart when called to see a little patient with a somewhat indefinite group of symptoms, but with rapid pulse and elevated temperature, or when suffering from scarlet fever, diphtheria, erysipelas, etc., until his attention may be directed to it by the nurse or mother enquiring why the little patient cannot lie on the left side, or why there should be this difficult and rapid breathing, even after the high temperature is gone; or when the trouble has advanced much farther and the presence of ascites with a puffiness of the face and limbs attracts your attention, and you cast about for a cause. When any of these symptoms are present in connection with endocarditis, the trouble has advanced so far that permanent mischief has already been done, and if the patient's life is saved, it will almost certainly be with a permanent valvular defect that will be a life-long trouble.

Oftener than from all other diseases combined, however, rheumatism in some form will be found to have existed and to be responsible for this condition of the heart. "Out of twenty-one cases of rheumatism occurring in patients from 14 to 21 years of age," Vernay says, "only one escaped endocarditis." The younger the patient the greater seems to be the danger of this complication. It is well for us to remember these figures are from one of the most eminent old school authorities, and we may infer that the treatment was made of such palliatives, liniments and other expedients as are employed by them in all such cases.

The history of cases of rheumatism that have from the beginning been under good careful homeopathic treatment, and by this I mean careful individualizing, the selection of the indicated remedy, and this administered to the patient, all external medication and palliative treatment being carefully avoided, I say the history of such cases rarely will be found to contain a record of endocardial complication. While I have not an exact record of my cases of rheumatism in shape to make a quotation from them, I recall but two cases of endocarditis that have developed in all my experience of twenty years' practice, complicating this disease.

Much tact and skill in the diagnosis of children's diseases will be required to discover an incipient endocarditis, but with the causes most frequently responsible in mind, and an eye and ear alert for the early symptoms of this trouble, mistakes should not be made. In children of sufficient age the exact location of pain in the cardiac region when placed on the left side, and the tumultuous action of the heart will shake the chest violently, and often the little sufferer's body, telling you in unmistakable language where the chief trouble lies.

There is sure to be some elevation of temperature during the acute stage of the disease, ranging from 100 to 104 degrees Fahrenheit. The pulse is at first rapid and strong, later more feeble and irregular with a peculiar uncertainty of action making it difficult to count. Respiration labored, dyspnoea occurring early and in most dis-

Digitized by Google

tressing degree. Much relief will often be obtained in a more erect position, sometimes even raising them to a sitting posture. A violent spasmodic cough often makes its appearance as the effusion becomes more extensive, and it is, at times, one of the most distressing symptoms. Nausea and vomiting may be an early complication, though oftener comes in at a later stage in the disease hastening the end by exhaustion. The tumultuous action of the heart, the violence shaking the whole body of the sufferer, the cyanotic and puffy appearance of the face, and the whole body for that matter, the distended dark colored veins of the neck, and the distressing dyspnoea makes up a picture once seen never forgotten.

As the trouble with the heart progresses the dropsical symptoms increase, and while at first only slight ascites exists, later general anasarca will be present; the secretion of urine will be diminished and finally nearly suppressed, albumen will frequently appear in the urine at this stage of the disease, depending, doubtless, upon the pressure on the kidneys and their vessels from the large amount of effusion.

In describing the physical signs Hale says: "Percussion is of no value; palpation may reveal irregularity of the heart's action, violent throbbing and often a vibratory thrill; it will also give the exact location of the apex beat and tell us where the left ventricle is seriously involved, for then its location will be changed, or may disappear altogether in pericarditis with effusion. Auscultation will give us better information. It will generally reveal a systolic bruit or murmur of the apex. In children this murmur is sometimes heard with startling distinctiveness. The sound may not be confined to the apex but be transmitted in every direction, even into the arteries."

The prognosis in endocarditis should be guarded. Complete recovery is rare and the exception, some remnant of the disease generally remaining which invites future attacks, or chronic valvular defects remain. The most serious results follow when it attends some of the septic diseases of childhood. The products of exudation, ulceration and emboli may be carried to the kidneys, spleen, or lungs causing engorgment, or to the brain and paralysis result.

The treatment of endocarditis, like that of all other conditions, is most successful when the most perfectly indicated remedy is administered. The history of the trouble to which this disease is secondary, and its symptoms, as well as the treatment employed, are all of the greatest importance. Every author writing upon endocarditis suggests a list of suitable remedies, but the greatest care must be exercised in each instance in fitting the remedy to the case in hand.

I will report briefly two cases of endocarditis treated recently as types of the disease and the remedies found helpful.

Clinton C., aged 9 years. Three years previous to my attendance had scarlet fever followed by inflammatory rheumatism. During this attack the heart became involved, and during the months that followed he had several severe paroxysms of endocardial inflammation, as nearly as I could make out from the history obtained. I found him suffering from pain in the cardiac region, though could not make out its exact character, pronounced systolic murmur, rapid heart action quite tumultuous, temperature about 102 degrees Fahrenheit, inability to lie down day or night, but was very quiet, any exercise aggravating all his sufferings, and increasing the action of the heart. Sleep was irregular and only in short naps, appetite almost wholly wanting. Bryonia, Cactus, Kalmia, Aconite, Mercury, Rhus tox., and Pulsatilla were given at different times as indicated with the effect that he made an excellent recovery and has since been as rugged as any child, to all appearance, though I know from an occasional examination of the heart that a slight valvular insufficiency remains.

Case II. Was called in the evening of October 12th, 1895, to see Chester G., aged 6, who had complained of being "so tired" to his mother for some few days. He had slight fever, increased heart's action, aching of an indefinite character all over, little appetite, and considerable irritability. Wanted to lie down all the time. My first prescription was Gelsemium which was continued

Digitized by Google

two days. Upon my second call, the 14th, I noticed the labored breathing, and the increased heart action, and upon placing my ear over the heart discovered the murmur which is always suspicious. There are now more restlessness, great anxiety, pain in the region of the heart of a dull aching kind, as nearly as I could make out. Rapid difficult respiration; wakeful. In this case there was no history of the disorders that usually precede endocarditis, and yet I was inclined at this time to consider it such. A few days later there was for about a week some pain and swelling of both knees, and also later of one hip joint, and finally one ankle, when all rheumatic symptoms except those about the heart disappeared. Bryonia for a few days followed by Veratrum, Ver.—controlled the trouble, and in a month from my first call I dismissed him apparently quite well. For about three weeks he seemed to be all right, when he contracted a severe cold and I was called again to find the heart's action rapid and tumultuous, the murmur very distinct, considerable precardial pain and sensitiveness, and very great anxiety. Various remedies were now employed without avail, and for about four weeks he steadily grew worse. General dropsy supervened. The effusion became great, breathing difficult, a troublesome spasmodic cough which sometimes came in paroxysms lasting an hour or two greatly exhausted our little patient. The ascites became so great that December 26th we tapped him, removing several quarts of fluid. About this time he became very sensitive to touch, could hardly bear anything over him in bed, was always much worse after sleep, and Lachesis was given with the most remarkable result. Urine increased to five or six times the amount he formerly passed, and in ten or twelve days all dropsical symptoms had disappeared, also all pain and soreness about the heart and abdomen, and he was nearly as well as two months before, except that the heart murmur remained this time, and there was now a distinct trace of albumen in the urine. About February 7th was recalled to find the dropsical symptoms again returning, in fact quite well developed. The urine was now very scanty, ony three ounces being secreted in twenty-four hours. The percentage of abumen argey increased. Apocynum increased the flow temporarily, but failed to do more. Apis 30 to 200 did nothing, but Apis 3x a powder night and morning since the 13th has kept the secretion free, greatly reduced the albumen, removed all dropsical symptoms and benefited him in every way. There is still a decided murmur in the heart, but otherwise the child seems improving rapidly and will, I think, recover with the exception of a certain amount of valvular insufficiency which will probably develop a compensating hypertrophy of the heart and consequently give him little trouble.

A CASE OF LANDRY'S PARALYSIS.

BY STEPHEN H. KNIGHT, A. M., M. D.,
DETROIT.

The number of these cases is sufficiently small to warrant a record of each one observed. According to the text books, the disease is a rare one, occurs chiefly between the ages of 20 and 40 and men are more often affected than women. It occurs after exposure, after acute infectious diseases and syphilis. During an attack of rabies the condition of the patient may be identical with that produced in Landry's paralysis.

The symptoms and course of the disease are very characteristic. There may be slight premonitory symptoms, such as numbness and wandering pains in the back, limbs, etc., then follow weakness of the lower extremities, which rapidly increases until the patient is unable to walk. The arms are soon involved, then the muscles of respiration. The medulla is last affected, and then respiration becomes difficult and swallowing and articulation impossible. Occasionally paralysis of the muscles of the eye and face are seen. Very little pain accompanies the disease, but usually more or less disturbance of sensation and anaesthesia. There is no atrophy, no degenerative changes in the muscles, no vasomotor or secretory disturbances; sometimes the bladder and rectum are involved. The deep reflexes are abolished. There is no fever; the mind is clear. The disease runs its course in

Digitized by Google

something like a week, and usually ends fatally. There is no especial anatomical change found in connection with Landry's paralysis on post-mortem examination. There is probably no lesion present in cases of true Landry's paralysis, but the disease is due to a toxin of microbic origin. Sometimes this may be "rabies."

The diseases mostly resembling this paralysis are acute poliomyelitis, acute myelitis and acute multiple neuritis. If you will remember the characteristics of this disease—namely, its ascending course, absence of fever, of anaesthesia, of atrophy, decubitus, sphincter troubles, also the absence of electrical degenerative reactions—you will be able to distinguish this disease from multiple neuritis, with its fever, severe pains, atrophy, wrist drop, foot drop, anaesthesia, hyperalgesia and electrical degenerative reactions. From Myelitis, by its sensory disturbances, girdle pains, disturbance of the bladder functions, want of extension of the trouble, presence of fever and degenerative changes, the chronic history of the subsequent changes.

Poliomyelitis—By its sudden onset, fever, may be vomiting and delirium, sudden paralysis, paraplegic or may be hemiplegic. The subsequent chronic history of the case.

The case I have to report was very typical of the disease, having all the symptoms of the disease running the regular course to a fatal termination.

Mr. R.—77 years. December 5 was called to see him. Never had been sick in his life. Was carpenter by trade and a vigorous old man. He complained of stiffness in his ankles; thinks it due to his walking so much. Had walked four miles a day on a stretch. Has been unable to do so for last few days. Thinks he has rheumatism. Cannot stand without support. No pain in his feet, but they are swollen a little and stiff. No fever; knee jerk and ankle clonus abolished.

December 6—Very little if any change. Some stiffness of hands and arms. Has a certain amount of numbness in different parts of legs and hands.

December 7 and 8—Stiffness spreading in both lower and upper extremities. Faradic current used and Rhus T. continued.

December 9.—Condition much the same, only a little more helpless.

December 10.—Condition quite helpless; cannot stand or move his limbs much. Has no pain, no fever. Sleeps till about 3 or 4 a. m., then becomes very restless and has to sit up. Mind clear and during the day in no very great discomfort. (Bowels obstinately constipated; nothing but the absolute digging them out had any effect.) Had a small appetite.

From this on the case gradually progressed, the paralysis extending to the abdomen, muscles of respiration, articulation, deglutition. etc. All this time his mind was clear. Toward the last his condition was pitiable in the extreme. His respiration was very labored, the mucus accumulated in his throat and he was unable to cough it up or swallow it. It would gravitate into the larynx, and then his efforts to relieve himself were tremendous. He died December 18. His death was rather sudden. He had been laboring with his respiration all day, and was apparently in no worse condition than for twelve hours previously. While I was present in the room he made signs to the nurse to get him the urinal; he succeeded in passing his urine, and then, as I went to him from another part of the room, found him dying. He breathed his last in about thirty seconds.

I will simply say in conclusion that I was unable by remedies or any other means to affect the course of the disease one particle.

At various times during the course of the disease I gave him rhus., bell, strych., nux v., alumina, gels, phos., and zincum, besides at the last hypodermics when he could not swallow.

HERNIA -- SURGICAL TREATMENT AND RADICAL CURE.

BY WILLIAM DAVIS FOSTER, M. D.,
PROFESSOR OF SURGERY, KANSAS CITY HOMOEOPATHIC MEDICAL COLLEGE.

Most of the operations for the radical cure of hernia are so new and their results so phenomenal that the surgical world is only beginning to grasp their vast importance. Operations for this lesion will, within the next decade, I venture to predict, become so

Digitized by Google

frequent that an impress will be left upon this period, creating an epoch in surgery of no less distinction than that made for Kolpo-Hysterectomy by Czery and others within the decade now closed.

When once the vast benefits to accrue from this procedure are fully realized by the profession generally, the popularization of the operation will speedily follow. Of the six or seven millions of persons in the United States who are victims of hernia at the present time, the numbers will so rapidly diminish, through surgical interference, that the next census will doubtless show a marked diminution in the aggregate number of cases of this infirmity.

A paper suitable for an occasion like this precludes any inquiry into the predisposing causes of hernia. These are set forth at great length in the Text-Books on Surgery. I cannot fail to emphasize what is found there. The influence of developmental errors should be remembered amongst predisposing causes as having, in certain cases, an important bearing on the operative steps required for the cure.

A brief inquiry into the history of operations for the surgical cure of hernia discloses the fact that very little was done in this direction until within about twenty-five years. Writers previous to that time have generally ignored the subject or treated the proposed operations with suspicion and contempt. The nestor of American Surgeons, the late Samuel D. Gross, in "A System of Surgery," fails to record one word in mention of any operation having this end in view. In the early part of the present century Langerbeck, Schumacker, the Coopers, Warren, and other surgeons made operations for radical cure with success. It is also certain that the operation quickly fell into disrepute and was wholly lost sight of until about the year 1870, when Lister made known to the world his antiseptic views, which gave a new impulse to surgery in every department.

Operations for herniotomy are familiar to all. By herniotomy I mean strictly the operation for the relief of strangulation only. These are historic and it strikes the modern surgeon as singular that the older operators should make a herniotomy without resorting to any method to accomplish a radical cure. The fact is that herniotomy in time past fell into disrepute in consequence of the high rate of mortality following the operation. In this respect a parallel process of reasoning condemned, not many years before, the operation of trephining the cranium for gunshot and other injuries. It is stated in "The Medical and Surgical History of the War of the Rebellion" that the mortality rate following trephining in some of the modern European wars was so great that its practice was interdicted by the ablest surgeons of the day. A late writer in discussing this question, justly observes that the high death rate following the operation of trephining was not the result of the operation itself; but that death resulted from the injury which rendered the trephining necessary. It is equally true that most of the deaths which have followed the operation for herniotomy have resulted, not from the operation itself, but from the fact that the condition of strangulation which rendered herniotomy necessary, had already produced such pathological changes as to render death inevitable.

Surgeons of the present day take note of these facts and operate early before tissue changes to any great extent have occurred, and then, in suitable cases, follow the release of the strangulation by some of the varied methods for radical cure. Different operators for radical cure practice and advocate different methods. The object to be attained is the same by all. Whatever method secures the desired result must certainly be commendable. Statistics show that deaths from operations for the radical cure of hernia, in the hands of competent operators, are extremely rare;—that when the operation is done properly under aseptic conditions, the cure is practically certain.

It is well known that many hernias are cured by wearing trusses. It is proper to try this method for a reasonable length of time. How does a truss cure a hernia? The answer to this is that the friction created by the pressure of the truss causes the exudation of a plasma which becomes organized,

Digitized by Google

producing adhesion of the pillars of the ring through which the hernia had escaped. The various surgical proceedings for radical cure have in view the same result by a different method.

It is then desirable after all measures have failed, to resort to the operation for radical cure. The important problem now arises: By what method shall the attempt be made to cure the hernia? The answer to this is that an operation must be made which will meet most surely, on surgical principles, the peculiarities of the case under consideration. Varying conditions and complications require diverse expedients for their relief. It may be concluded that, keeping in view the safety of the patient and the certainty of cure, that procedure, which most surely secures these ends is to be chosen. In regard to the injection method, known also by the name of Heaton, its originator, it may be briefly said to have a limited field in carefully selected cases in which there are not any sort of adhesions. In old, large, crural, omental, and various other varieties of hernia, the injection method is unavailable. We are then brought to the point where a choice must be made of some of the cutting methods with attendant technique.

After the laparotomy is made, the success of the whole proceeding depends essentially upon the four following steps, namely:—

1st. The management of adhesions.

2nd. The management of redundant omentum.

3rd. The management of the sac.

4th. The closure of the wound.

First.—The management of adhesions. It is found that in ancient ruptures, where the hernia is large and a truss has been worn for a considerable length of time, adhesions exist to a greater or less extent. The contents may be adherent to the sac; the sac is frequently adherent to the abdominal rings, as well as to the coverings of the cord and the tunica vaginalis generally, and all the tissues with which it comes in contact. Where the lesion is complicated with hydrocele in cases of strangulation, difficulties of diagnosis arise, and the dissections necessary to free the adhesions are sometimes very nice. No matter where found adhesions must be effectually released in order to permit the hernia and the sac to return to the abdominal cavity.

Second.—The management of redundant omentum. A considerable proportion of every large hernial tumor is composed of omentum. This tissue should be ligated, freely cut away, and the stump dropped back into the abdominal cavity. Where the mass to be dealt with is very large, it should be securely ligated, sections with aseptic silk.

Third.—The management of the sac. The pouch of peritoneum should be carefully pulled out as far as possible without exerting undue strain, ligated with aseptic silk even with the internal ring, cut away about one-fourth inch outsides of the ligature, and dropped into the abdominal cavity. This will have the effect amongst others, of restoring the symmetrical contour of the peritoneal cavity—thus doing away with the hernial pocket.

Fourth.—The closure of the wound. By this is meant the placing of the sutures which are to restore to their normal place, and close the abdominal rings, together with the overlying tissues. The best and most effective way to do this is to first begin at the upper margin of the internal ring, use the cobbler's suture with silk, about six to the inch, push the spermatic cord and vessels toward the symphysis pubis, and be careful that the external ring is not closed so tight as to cause pressure on these vessels. Bring together with aseptic silk the muscles and fascia, being sure to take into the grasp of the sutures the aponeurosis of the muscles, if any be present, together with the connective tissue. Finally, close the integument with silk worm gut or silver wire and hermetically seal the wound with a collodion dressing. Finish the dressing with aseptic gauze, cotton and binder, or adhesive straps.

Marcy—(The Radical Cure of Hernia) summarises this:—"The aseptic suture must be aseptically applied in aseptic structures and the wound must be maintained aseptic." Every possible precaution should be practiced which will tend to insure primary union. Wherever healing proceeds through process

Digitized by Google

of suppuration, the resulting bond is cicatricial. This tissue is of low vitality, poor resisting force, and is to be in every possible way guarded against. It is curious to note that one of the foremost surgeons of the day, one who has done much to popularize operations for radical cure, should advise the closure of the wound by cicatrization—claiming that in this way a more enduring bond of union is established than by any other method.

There is a notion prevalent, not only amongst professional people, but also widespread amongst the laity, that operations for hernia are not only dangerous to life, but frequently fail to cure the rupture. Nothing could be more erroneous. It is perfectly certain that there is more menace to life from the hernia itself than there is from the surgical operation undertaken for the cure of hernia. This is true in general. It is emphatically true in regard to femoral herniae. This form of rupture is mostly found in women. The canal through which the hernia escapes, the crural ring, is frequently extremely narrow. In case the hernia is composed of intestine, the dangers of strangulation are very great and death is rapid, the patient even going into collapse and passing beyond surgical remedy before a decision to operate has been made or before the surgeon can reach the patient. The day is near at hand when surgeons will advise and the people will be ready to accept operations for radical cure in every case where a cure by other means fails. I am not quite certain in my own mind whether it would not be better in cases of ongenital hernia, even, to resort to an operation for radical cure, in preference to the uncertain, very annoying, and often futile attempt to cure by the application of trusses and otherwise.

This question is of such importance that its free discussion by surgeons should be encouraged, and the results of operations for radical cure be widely disseminated, so that the prevalent errors may be speedily done away with.

RREAST AMPUTATION—CHARRING.

BY C. G. CRUMRINE, M. D ,

DETROIT.

Last March I was called to see a case who had consulted with some of our best authorities; some advised operation; others said "No."

History, past and present, to date of operation.

Mrs. N., aged 42 years; has been married 20 years; has had no children; no miscarriages; has always menstruated regularly until about eight years ago, when for three months the patient did not menstruate at all, the flow then began and continued nine weeks. The patient did not go to bed during this time, but continued with her daily routine of household duties. Since that time the menses have been irregular and scanty. Six years ago first began to show symptoms of dropsy; three years ago was tapped and twenty quarts of fluid drained off. For six months afterward the patient was in what she considered very good health, but then began to "run down," had nervous prostration, general weakness, etc., etc.; has had four courses of magnetic treatment, under which, she says, improved her rapidly. Thirteen years ago patient injured herself by running against the edge of an open gate, striking her breast. This has always been tender to the touch, but never caused any inconvenience until last April, 1895, when a lump was noticed on the inner side of right breast. This steadily increased in size until in September, 1895, when it reached the size of a tumor about 24 inches in circumference and 3½ inches in thickness; has had very little pain until the last month, it then caused almost constant pain in the breast, axilla, side and shoulder.

Father died twelve years ago of what was supposed to be cancer of the stomach; mother still living at the age of 84 years; mother has had dropsy; had stroke of paralysis six years ago. Some other member of family died of cancer, and several on her mother's side have died of consumption; has no brothers or sisters; grandparents all dead. Had all diseases of children except measles; had

Digitized by Google

typhoid fever at the age of 5 years.

The above history was taken and handed to me by her nurse. Upon a careful examination I found not only such as the history gave, but that she was suffering severely with hemorrhoids at times. She was of passive nature, seemed to take everything for granted and made but little trouble for her friends by complaining; didn't recognize the seriousness of her case; her nerve steady, with tranquil disposition; her skin was dry and rough with that peculiar cacexia you find only in cancer; her breath was very offensive with the marked odor; two or three cervical glands on either side of neck were enlarged, and everything to indicate that there was general absorption, in fact she was thoroughly saturated with the poison; everything to discourage an operation, but believing we could relieve her of so much suffering and prolong her life a year or two, I advised an operation, with the understanding not to eradicate disease but simply a palliative measure, to which she and her husband gladly consented.

On the 18th of March she was sent to the hospital and prepared for operation, and here might state my ideal method of rendering parts aseptic. I have patient thoroughly shampooed, and scrubbed and shaved, and a wet dressing of Corrosive Sublimate 1 to 400 applied to parts the night before operation, and allowed to remain. Just before operating shampoo parts with sterialized green soap and bathes in alcohol 95 per cent. On 19th I operated, made an amputation of entire breast and removed all the axillary glands and fat in mass, removed subclavicular glands also, after the method of Gerster. No regard whatever was paid to cosmetic considerations, the object of the measure being the exterpation of the deadly disease, which if not eliminated is sure to kill. A wide berth was given to the visible limits of disease. I took away at least an inch and a half of apparently healthy skin. The pectoral fascia, axillary fat and glands were all removed in mass. The technique of breast amputation is simple. After outlining by a shallow cut the extent of the two simi-eliptic incisions that included the part to be removed, the inferior margin of breast-gland was exposed. The pectoral fascia being incised, the mamma was gradually dissected up from the thorax till its upper edge was reached, then by slipping the hand in under the breast the upper incision is made and the detachment is complete, except where the lymphatic vessels passing along the pectoral fold from the breast to the axilla form a pedicle; the bleeding vessels were secured as they were cut and the pectoral wound was covered by a towel wrung out of Corrosive Sublimate solution and allowed to remain for protection of pectoral wound, until the axillary contents and subclavicular glands were completely removed, and here is where the trouble began, but we were not aware of it until five days after when I called to remove two (2) retention (buttons) sutures which were necessary in closing the wound, as my flaps were quite short, when I found the linear incision was only partially united, and the lower flap taking on a deep rose color appearance. Thinking this condition was due to tension of tissue, I was satisfied the redness would leave in a few days. I removed the retention sutures and ordered dry dressing replaced. In two more days I called to remove a few marginal stitches. When the wound was exposed the greatest cloud of mortification hung over and about me until I was blind with disappointment. The wound had almost entirely opened, only here and there along the entire length (13½ in.) were the edges intact. Now what could produce such a condition? Patient had no bad constitutional symptoms; temperature, pulse, respiration, appetite, kidneys and bowels were normal; patient in good spirits. She had gone through the operation nicely, and came from under the anaesthetic beautifully.

Upon quizzing the nurse as to strength of antiseptic solution, I found she made solutions as ordered (hand solution, 1 to 500, and irrigating solution, 1 to 4000); when I ordered hot steril towel placed on pectoral wound to protect it while operation was being completed, one of my assistants, by mistake, had wrung towel out of hand solution 1 to 500—Corrosive Sublimate—and placed it on wound. The problem was now solved. I had

Digitized by Google

never had or had seen a case of charring from Corrosive Sublimate. Now, the question as to the best method of treatment. With my currette I found each flap charred to depth of about ¼ inch, also the pectoral muscle about the same. Now I had an area of charred tissue about 10 inches to 12 inches in length and about 8 inches in width.—I curretted gently each day the charred tissue and washed out with Peroxide of Hydrogen, packed with 10 per cent. Iodoform gauze; continued this kind of treatment for several days, with slight improvement. Being afraid of iodoform poisoning, we discontinued this dressing and began the use of 5 per cent. iodoform gauze, saturated with Balsam of Peru, using the currette at every dressing, this proved to be the ideal dressing, it kept the wound clean and sweet, and aided greatly in lifting the charred tissue. In about ten to twelve days, we had a fine granulating surface. We used adhesive straps at every dressing to bring the flaps as closely together as possible, the flaps being very thin and contracted.

The wound now being in a perfectly healthy granulating condition, I dressed it every forty-eight hours, alternating the following dressings: Boracic acid powder and 5 per cent. Iodoform gauze; 5 per cent. Iodoform gauze saturated with Balsam of Peru. I never saw a granulating surface make such rapid progress. In three weeks from day of operation, patient walked (with assistance) from carriage at curb to her room in hotel; five weeks she was dressed and promenading in and about corridors of hotel, when I gave her over to Dr. P., who looked after her in the same manner and reported five weeks later that the wound was about the shape and size of a silver dollar, and doing nicely.

THE PERCEPTION OF COLOR.

BY HAROLD WILSON, M. D.,
DETROIT, MICH.

The sensation of color is one of our most precious possessions. Among the multitude of things which we perceive by the sense of sight, whether they are the creations of nature or have been wrought by the hand of man, there is not one which has not something of the property of color. From the blue sky over our heads to the dull earth beneath our feet, on every side the world teems with what seems like an infinitude of color. It has been claimed that the human eye can distinguish and separate out of all this profusion, something like 2,000,000 variations of hues, tints and shades, for the designation of which we have invented only a few hundred or a few thousand color-names, so that the power of discrimination transcends the capacity of language to express it. And yet all of this wealth of color arises from a few and very simple materials.

Six spectral colors, black and white; these constitute the groundwork, out of which it all comes. It is a mere matter of combination and proportion, of a little more or a little less. Its very simplicity is the hall-mark of Nature's supreme handicraft.

When we feast our eyes on the colors with which this unapproachable artist has painted every natural object, and enjoy the aesthetic satisfaction which they afford, we might imagine that it had all been done for our especial delectation, and as a compliment to the human species as representing the highest type of organic development. But science will allow us no room for the belief in such particular privileges. It can be shown that the color-sense is not the sole prerogative of man, but is a possession which he shares in common with a host of more humble members of the animal kingdom.

If we trace the color-sense backward, we find that it is found in a rudimentary form among protozoa; that insects seem to possess it in a high degree, and that in short, it has apparently an influence of some sort upon all seeing creatures, and that its influence serves them both for purposes of utility and enjoyment. If we believe that the aesthetic feeling is a product of evolution, we fancy at least that we can trace its beginnings in the gorgeousness of the butterfly, the plumage of birds, and the leopard's spots.

To the ancient philosopher color was an individual and special attribute of things, which the human mind perceived by an effort or faculty called perception. Its objective relations,

Digitized by Google

that is, its scientific aspects, were unknown; its subjective relations, that is, its psychology, were misunderstood. It is only since the time of Newton that a better understanding has been possible. The discovery of the composite nature of white light, the phenomena of absorption, reflexion, interference, fluorescence, opened the eye of science to the objective properties of color. The experimental mixture of colors from the artist's paint-box gave way to that of spectral colors from the little glass prism, and modern theories became possible.

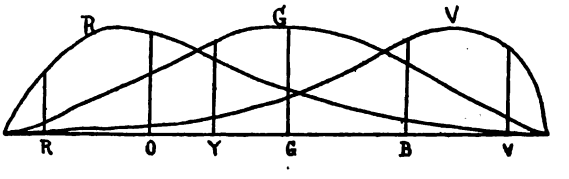
It has long been observed by painters, that from a few pigments all other colors could be approximately formed. These composite colors usually lacked somewhat in brilliancy, and this deficiency was more marked the fewer the primary colors from which they were made; nevertheless it was evident that so far as the age was concerned, at least, the primary colors, that is, those from whose commingling all others could be derived, were few in number. Leonardo da Vinci selected yellow, green, blue and red as the "primaries." Brewster imagined that there were red, yellow and blue. Red and yellow made orange; yellow and blue, made green; and red and blue, made purple and violet. Intermediate hues could also be made by varying the proportions of the primaries. This is true of pigments, and Brewster maintained it to be equally true of light, as decomposed by the prism—that is, he believed that light consisted of three fundamental kinds or colors, red, yellow and blue, and that it was by their mixture that the whole chromatic series was evolved. That yellow and blue light mingled made green, was a belief which persisted until the comparatively recent experiments of Helmholtz with spectral light and those of Maxwell with the light reflected from rotating colored discs of paper, which demonstrated beyond question the fact that yellow and blue light produce white.

The theories of Leonardo da Vinci and Brewster sought the explanation of color perception in the objective world. The cause was given in the nature of light and the constitution of the things seen. That color was merely a sensation, a creation of the mind, a subjective fact, was overlooked by the philosophers. We know that inside of ourselves, that is, outside of our minds, light and color are mechanical phenomena, waves of motion of varying lengths, which are differentiated into red or green for example, only after they have impressed themselves upon our visual apparatus. The explanation of color-vision is to be looked for, therefore, not in the nature of light, so much as in our perception of it. Thos. Young was the first to propound a theory of color-perception from a physiological or subjective standpoint. This was as early as 1802, but it failed of recognition until the labors of Helmholtz and Maxwell gave to it the pre-eminent place it now holds. Briefly stated, the Young-Helmholtz theory of color perception is as follows:

1. Observation has shown that from three fundamental color-sensations, all others may be derived.

2. There exist in the eye three sorts of nerve-fibres, or three photo-chemical substances. The excitation of one kind gives rise to the sensation of red; of another to that of green, and of the third to that of violet.

3. Objective homogeneous light, according to its wave length, excites each of these three kinds of nerve-fibres or photo-chemical substances at the same time, with differing intensities. Light with a long wave-length excites the red sensitive fibres or substance the most strongly; light with a medium wave length the green sensitive fibres or substance, and light with a short wave length, the violet sensitive fibres or substance. Each sort of homogeneous light, however, except possibly at the extreme ends of the spectrum, excites all three sets of fibres or substances at the same time. Fig. 1 will serve to make this fact clearer.



The horizontal line represents the solar spectrum, the position of some of the principal Fraunhofer lines being indicated by the capital letters placed along it. The curves, R, G and V, represent the intensity or amount of

Digitized by Google

the three primary color sensations in the different parts of the spectrum. They also represent the relative amount of activity in the three kinds of retinal nerve-fibres, or photo-chemical substances, excited by each portion of the spectrum. When the three kinds of activity go on at the same time, with their normal relative intensities, the resulting sensation is that of white light; when the red activity predominates, the sensation is that of red light; when the green activity predominates, the sensation is that of green light, and similarly for violet. From the fact that in all parts of the spectrum (except the extreme ends) the three sensations are always present, the particular color seen being determined by that element which is in excess, it follows that no color is perfectly "saturated;" that is, every color is something plus an admixture with white light.

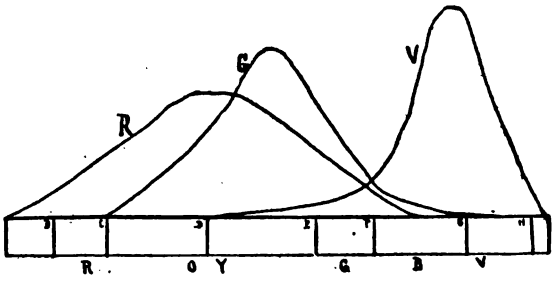


Fig. 2, taken from the last edition of Helmholtz Physiological Optics, gives these curves more accurately.

Helmholtz has called attention to the fact that in its essence this theory of color-sensation does not depend upon the presence of three anatomically different sets of retinal nerve fibres, nor upon the presence of three entirely diverse photo-chemical substances in the retina, one kind of nerve fibre may transmit many different qualities of sensations, as one wire may transmit from the telephone the various qualities of the voice or the complex vibrations of a full orchestra, and the same photo-chemical substances may react in several ways according to the nature of the exciting force. Nor is it necessary that the three primary color-sensations should be any specific three colors. It is necessary only that their admixture will produce white, so that a certain latitude of choice is permitted. The essential thing in the theory is that the retina is a differentiating organ, possessing what physiologists call a specific three-fold energy. The correlation of the wave motion of ether with the sensations of light and color depend upon the excitation of this three-fold retinal activity. In other words, light is translated in the retina into three kinds of motion or energy, and these being transmitted to the brain, are there transformed into the sensation of color. How this last transformation takes place, how the objective becomes subjective, is the insoluble problem of psychology.

The Young-Helmholtz theory of color-sensation, as I have briefly outlined it, has been of great value in solving many of the most vexatious questions in the study of color, and is commonly accepted by students of the subject, but whether it can be made to explain all the observed phenomena of color-vision is open to some doubt. Many other theories have been propounded during the last twenty years, but none have secured general recognition. One of the best known of these is Hering's. This theory supposes that in the retina there are three pairs of photo-chemical substances, giving six elementary processes. These substances have been called the white-black, the yellow-blue, and the red-green. They possess two kinds of chemical activity, degeneration and regeneration, or decomposition and reconstruction. Yellow light acts on the yellow-blue substance in one way, and blue lights in an opposite fashion, if the first for example breaks it down, the second builds it up. White and black are specific sensations due to the changes in composition of the white-black substance. The theory is really a modification of Young's, and seems not only to be more complex than the Young-Helmholtz, but also to be less capable of demonstration. Other theories take away the specific energy of the retina and place the differentiating power entirely within the brain. For our present purposes we will assume the Young-Helmholtz theory as universal, although I suspect that ultimately, when our knowledge of color has increased, it will have to be modified somewhat. The practical aspects of the study of color-perception and of the theories

Digitized by Google

to explain it are chiefly those concerned with the question of color-blindness. This has its importance in the fact that in certain individuals the normal perception of color is perverted, and the relations of the various colors of the solar spectum to each other is more or less altered. Thus, instead of perceiving six colors in the spectral ribbon, the color-blind may see but four or three, or two, or even in rare cases, only one color. To some of these individuals the leaves and berries of the holly, or the mountain ash present at most only a difference of shade—black and red, or green and gray may be a perfect match. It is easy to imagine the impropriety of placing at the throttle-valve of a locomotive an engineer to whom the red and green signal lights along the road over which he is to drive his engine differ from each other only in brightness, or of engaging a pilot to guide a ship if he could not distinguish the port and starboard lights of other ships which might be met with upon the voyage. Yet these seemingly preposterous things have been done time and again. Moreover, in any case in which the color vision of your engineer or pilot has not been tested by a competent expert and found to be normal, there can be no guaranty that it shall not be done again.

Color blindness does not mean an inability to name colors. This is a matter of education, and of language. It means the inability to perceive a difference in quality in two distinct color sensations recognizable as such by the normal eye. We distinguish in theory three classes of the color-blind:

1. The red blind.
2. The green blind.
3. The violet blind.

The red-blind are those in whom the red-perceptive rational element is deficient or altogether wanting; the green-blind. those in whom the green-perceptive element is defective, and the violet-blind, those who lack the violet-perceptive element.

In practice, the separation between the red and the green-blind is often difficult, so that a general class, that of the red-green-blind, is formed to include both. Violet blindness is rare. A fourth class might be added—total color-blindness—a few instances having been noted, where the sense of color was completely lacking.

The red-blind attain their sensations of color from the combination of the green and violet perceptive elements. From the fact that these elements are excited by red light, the red-blind get a sensation of color from the rays at the red end of the spectrum, but from the diagram already given, abstracting the red curve, it is evident that this sensation is feeble and except in luminosity is the same color as the orange, yellow and green portions of the spectrum. Evidently, then, to such a color-blind person, the differences which the normal eye perceives between the colors included within their limits, do not exist, and there may be no appreciable difference here between red and orange, yellow and green, or green and red. It is this sort of confusion which marks color-blindness, and is that which makes the systematic diagnosis of the defect possible.

The nature of the mistakes which the color-blind make in matching color, establishes at once the diagnosis of the defect and its special character.

There are four or five more or less color-blind persons among 100 males, the proportion among women being much smaller. Aside from the grave importance of the defect among railway and vessel companies, it has much to do with ordinary occupations and everyday life. It is usually congenital and incurable. Where it has arisen from disease or injury recovery is possible. In spite of the extensive literature upon the subject and the persistent labors of many men, the full significance of the defect and the importance of a proper examination to reveal it, are far from being understood by the railway and steamship companies generally—and inefficient methods of examination are perhaps the rule in this country at least. Time will not permit a discussion of the various methods of examining the color-blind at present. My purpose has been to offer you simply a few thoughts on the perception of color as a pscycho-physiological experience with which we are constantly familiar and yet concerning the nature of which, in its essence at least, we know so little.

Digitized by Google

THE MEDICAL COUNSELOR.

A Journal of Homœopathy and Collateral Sciences. Published Monthly by The Medical Counselor Publishing Club, 6 West Adams Avenue. Detroit, Mich.

EDITOR,

Stephen H. Knight, A. M., M. D.

ASSOCIATE EDITORS.

Materia Medica.—M. W. VAN DENBURG, M. D. Fort Edward N.Y
R. MILTON RICHARDS, M. D., Detroit.
Surgery.—CHAS. S. MORLEY, M. D., Detroit.
Medicine.—ROLLIN C. OLIN, M. D., Detroit.
Eye, Ear, Nose, Throat.—D. A. MACLACHLAN, M. D., Detroit
Obstetrics, Gynæcology and Pædology,—
E. LOUISE ORLEMAN, M. D.,
MARY THOMPSON STEVENS, A. B., M. D., Detroit.
Diseases of the Chest.—W. R. MCLAREN, M. D., Detroit.
Mental and Nervous Diseases.—W. A. POLGLASE, M. D., Lapeer

COLLABORATORS.

M. C. SINCLAIR. M. D., Grand Rapids, C. G. CRUMRINE, M. D. Battle Creek, D. M. NOTTINGHAM, M. D., Saginaw

Subscription price One Dollar per year. Single copies 10 cents.

Communications are invited from all parts of the world. Contributions, books for review and exchanges should be addressed to the Editor, **14 Willis Ave. West,** *Detroit, Mich.*

Business letters and remittances should be addressed to Rollin H. Stevens, M. D., Business Manager, 6 West Adams Avenue Detroit, Mich.

Editorial.

The Woodbridge Treatment of Typhoid Fever,

Lately a certain form of treatment of typhoid fever has been exploited about the country by Dr. Woodbridge, its originator, and interested manufacturing pharmacists. Many were the testimonials to its wonderful efficacy in saving life and reducing the mortality of this much dreaded disease. Dr. Woodbridge claimed "that typhoid fever can always be aborted," and that "death was a wholly unnecessary consequence of the disease if proper treatment is instituted sufficiently early."

The treatment consists in its essentials of a thorough purgation with calomel and then the use of combined remedies, supposed to be intestinal antiseptics. All cases treated sufficiently early are aborted, and even after the disease has become systemic and hemorrhage and other complications have taken place its course is cut short, according to the claims of the originator.

It seems, however, that the Woodbridge treatment, so-called, has met with a rude shock, for Dr. Chas. E. Nammack has recently put the treatment to a test in the medical wards of Bellevue Hospital. All the cases of typhoid fever admitted were placed upon the Woodbridge treatment, and the minute directions of the originator carried out. Dr. Woodbridge himself visited the hospital during the progress of the test and examined the cases. Dr. Nammack has given the results of the experiment, and his conclusions in a communication to the Medical Record. He says: "A study of the charts did not show that the usual course of typhoid fever was in any way modified by the treatment instituted. One case which gave us great hope that a specific had been found, was shown by the serum diagnosis test of Widal not to have been a case of typhoid fever."

Thus another one of the "sure cures" of our friends, the regulars, allopaths or rational physicians, whatever they may choose to call themselves, has gone the way of so many others. If the treatment failed to meet so fair a test as the one related above, we must look with suspicion upon any figure or statistics gathered haphazard with no guarantee as to the absolute correctness of the relator's diagnosis of his cases.

The abortion of typhoid fever is no strange experience to believers of homoeopathic therapeutics, though rarely acknowledged by the non-homoeopathic practitioners. It cannot be done, however, with calomel and new-fashioned antiseptics.

The Presence of the Diphtheretic Bacillus in Normal Throats.

H. W. Gross (Univ. Med. Mag., 1896, ix, 45) states that from the investigations conducted at the Children's Hospital of Boston it was shown that out of 316 cases—the total number examined—26 at one time or another showed the presence of the Klebs-Loeffler bacillus. This gives a percentage of 8.2. Out of these twenty-six cases showing the organism two may be said to have had clinical diphtheria. Omitting these two, we may say that out of 314 normal throats and noses examined 7.9 per cent. contained the bacillus of diphtheria. The average persistence of the bacillus on the mucous membrane was fif-

Digitized by Google

teen days; the shortest time was one day, and the longest 103 days, or over three months. Of these cases the nose was the principal habitat in 17 cases, or 65 per cent., the throat in the remaining 35 per cent. In one case the Klebs-Loeffler was found, together with other organisms, in the ear, the child suffering from otitis media, which may or may not have been due to this bacillus.

Such facts as those related by Dr. Gross should lead one to question whether or not the tremendous success claimed for antitoxin in diphtheria is not largely due to the fact that the presence of the Klebs-Loeffler bacillus in a case of sore throat, is now considered sufficient to pronounce the disease diphtheria. According to the above figures 8 per cent. of the normal throats contained the bacillus, and while under the old method of clinical diagnosis no one of these cases could possibly have been counted as a case of diphtheria, yet under the present method every one of them showing any symptoms whatever in connection with the bacillus, is a case of the disease. That the mortality of a thousand or more cases of this kind should be *nil* or nearly so, goes without saying. Our position that the new method of diagnosis adds to the total many cases that formerly would not have been considered diphtheria, is supported by the fact that while the number of cases in the city of New York, for instance, has in the last two years been largely in excess of the average for a few years previous, the number of deaths has remained practically the same. No doubt the simple injection of horse serum, even with the attendant dangers of a profuse rash, albuminuria, or an occasional sudden death, gives nature and the little sufferer a much better chance than the old, regular, inquisitorial tortures of throat swabbing and ramming, and the accompanying butchery that went with it, yet to our mind proof of the real therapeutic value of antitoxin is wanting.

The New York Homœopathic League.

The New York Homoeopathic physicians are taking steps to form a Homoeopathic League to further the interests of Homoeopathy in New York. The League to consist of physicians and friendly laity. The Homoeopaths of Michigan at the time the removal of the college from Ann Arbor to Detroit was anticipated inaugurated such a movement, and even went as far as to receive promises from various laymen of their support. The adverse decisions of the Supreme Court discouraged their movements for the time. It seems to us that now is a favorable time to revive our Michigan League and set the machinery in motion in order to help favorable legislation at Lansing this winter.

Physicians to Examine School Children.

The New York Board of Health is considering the appointment of a corps of physicians whose duty shall be to examine the children in all the schools, and by so doing to early recognize cases of contagious diseases and so prevent their spread. If such a procedure were introduced and kept free from the domain of political spoils, it would undoubtedly in the large cities result in the saving of the lives of many children.

Dr. John Ellis.

The attention of our readers is called to an account of the life of Dr. JohnEllis,recently deceased in New York. Dr. Ellis was one of the early medical heroes of Michigan. One of a few brave pioneers. He is still remembered by those long in practice in Michigan, though most of his associates have gone before.

The Serum Diagnosis of Typhoid Fever.

The investigations of Widau, of Pfeiffer and of Johnston, have introduced a method of diagnosing typhoid fever which is based upon the action of the serum from a typhoid fever patient upon recent bouillon cultures of the typhoid bacillus. These investigators have shown that the cultures of the typhoid bacillus have the power of arresting the active movement of specific organisms of typhoid fever, and of producing peculiar and characteristics clumping of the bacilli. To make the test, a small quantity of blood is drawn from the perfectly clean finger tip into a small glass vessel and allowed to coagulate. The serum from this clot is then mixed with a recent bouillon culture of the typhoid bacilli, in the proportion of one part of the former to ten of the latter. In a very short time the bacilli gather themselves into clumps which are often sufficiently distinct to be seen by the unaided eye, and which are

Digitized by Google

seen with the greatest readiness with the microscope. The clumping becomes more striking after the lapse of a few hours. This chemico-physical reaction does not occur with other organisms than the bacillus of typhoid fever, and more important still, it does not occur when cultures of the typhoid bacillus are mixed with serum obtained from a patient suffering from other diseases. It will be seen at once, that if the claims and statements of those who have given this method serious and extensive test be true, that this method will have value not alone in the early detection of typhoid fever, but in the exclusion of the cases that so closely simulate atypical forms of typhoid fever, that the presence of the latter cannot be positively excluded.

The New York Board of Health has placed these cultures within the reach of physicians and in twenty-four hours will make the tests and return the diagnosis.

The Treatment of Enuresis by Electricity.

G. Korster has formulated a treatment for enuresis by electricity which he claims to have given excellent results:

After the patient has emptied his bladder, he lies down on a sofa at full length. The anode of a faradic battery, armed with a medium-sized round electrode, is placed on the abdomen, just over the region of the bladder, while the cathode wire, after having been thoroughly disinfected with a 5-per cent. solution of carbolic acid, is inserted into the urethra for 1 to 1.5 cm., and thus held. Allow the current to pass and gradually increase its strength as high as the patient can bear with comfort. Continue for two or three minutes, then gradually weaken the current to its lowest power, where it is allowed to remain for one minute. After this procedure has been repeated three times the seance is ended. Frequently this one treatment is sufficient for a cure. It is better, however, to repeat it a few times during the following three or four days. Whenever the patient has soiled either the bed or his clothing with urine, an application of the current should be made the following day, and only when no enuresis has occurred for a number of days in succession should the treatment be discontinued.

He believes the cause of enuresis to be a weakness of the closing muscles of the bladder, the sphincter vesicae and compressor urethrar. The irritation produced by the cathode influences these muscles reflexly, hence the success of the method. Even in cases accompanied by obstruction to nasal respiration, or adhesions between glans and foreskin, and in orthophimosis, the result was satisfactory, which goes to prove, that an accompanying weakening of the sphincters must at least have existed. The strengthened sphincters were able to resist the reflexly irritated detrusors. Another case, in which the reflex irritation producing evacuation of the urine had been removed by the curing of a phimosis of two years' standing, still suffered from enuresis, until cured by the electrical treatment. This case also corroborated the fact insisted on by Henoch, that enuresis may follow the infectious diseases, for the boy remained cured, until he had an attack of measles, when a relapse occurred. From taking cold and through psychic excitement the sphincters of the bladder may experience a temporary weakness. General debility is not a very important factor as a predisposing cause, it being only present in 7 out of the 20 cases, the rest having a strong and even robust constitution. In one case heredity seemed to have had some influence, as the father suffered from enuresis up to puberty, and a brother is still subject to it.

Diphtheria in Michigan.

There were 168 cases of diphtheria reported at the Detroit health office during November, of which 42 resulted in death.

This proportion of death to cases of diphtheria is about the same as that shown by the diagrams sent out by the state board of health. These show that where health officers have used the precautions, such as isolation and disinfection, there have been less cases and deaths from diphtheria than where those precautions have been neglected.

The state board learned of 467 outbreaks of diphtheria in Michigan in which isolation of patients and disinfection were neglected, and 510 outbreaks in which isolation and disinfection were enforced. The contrast is

Digitized by Google

remarkable. In the one there were over 13 cases of sickness on the average to each outbreak and not quite three deaths. In the other there was only a fraction over two cases to each outbreak, and less than half a death on the average. This was during the eight years from 1887 to 1894.

ISOLATION AND DISINFECTION RESTRICTED DIPTHERIA IN MICHIGAN DURING THE EIGHT YEARS, 1887-'94.

467 Outbreaks of Diphtheria — Isolation and Disinfection Neglected Average.		510 Outbreaks—Isolation and Disinfection Enforced. Average.	
Cases	Deaths.	Cases	Deaths.
13.04	2.78	2.09	0.49

Peculiar Symptoms.

Child cannot be taught; it cannot remember: *baryta carb.*

Child cries as soon as it eats: *staphisagria.*

Child cries if taken hold of or carried: *cina.*

Child cries until it gets something to eat (hydrocephaloid): *belladonna.*

Child cries if washed in cold water: better if washed in warm water: *antimonium crud.*

Child cries when spoken to even kindly; *silicea.*

Child does not want to play: *baryta carb., baryta mur.*

Child falls asleep on the chamber when the tenesmus ceases (dysentery): *colchicum.*

Child is irritable, wants to be carried: *antimonium crud., antimonium tart., arsenicum alb., caustivum, chamomilla, china, cina.*

Child jumps up and down with pain and screams if he cannot urinate at once when he needs to: *petroselinum.*

Child laughs and plays at night: *cypripedinm, jalapa.*

Child must be carried, cries if touched: *antimonium tart., chamomilla.*

Child seems to be better after eating: *hepar sulph.*

Child sleeps during the day and plays all night: *jalapa.* (The same remedy holds good when the child is quiet and sleeps all day, but *screams* all night. M. D.

Child wants to be carried all day: *causticum.*

Child wants to be carried rapidly: *arsenicum alb.*

Child will not go to sleep in a darkened room: *stramonium.*

Child breathes best if carried in an upright position (bronchial troubles): *antimonium tart.*

Child cannot digest milk: *aethusa, magnesia mur., silicea.*

Child coughs at night the moment the head touches the pillow, but not at all during the day: *drosera.*

(S. F. SHANNON, M. D., *Amer. Homœop.*)

Towns in Michigan with no Homœopathic Physician.

Caledonia, Kent Co.,	Pop. 500.	2	Allops.
Calumet, Houghton Co.,	" 7.000.	15	"
Capac, St. Clair Co.,	" 600.	3	"
Carsonville, Sanilac Co.,	" 500.	2	"
Caseville, Huron Co.,	" 600.	2	"
Cass City, Tuscola Co.,	" 1.000.	3	"
Cedar Springs, Kent Co.,	" 1.100.	2	Allop.
		1	Ecl.
Central Lake, Autrim Co.,	" 500.	1	Allop.
Champion, Marquette Co.,	700.	1	"
Chassell, Houghton Co.,	" 700.	1	"
Cheboygan, Cheboygan Co.,	6.956.	7	"
Chelsea, Washtenaw Co.,	2.000.	3	"
Chippewa Lake, Mecosta Co.,	500.	1	"
Clarkston, Oakland Co.,	" 500.	2	Allop.
		1	Ecl.
Clarksville, Ionia Co.,	" 500.	2	Allops.
Clayton, Lewanee Co.,	" 700.	3	"
Clifford, Lapeer Co.,	" 500.	2	"
Climax, Kalamazoo Co.,	" 500.	2	"
Clio, Genesee Co.,	" 700.	5	"
Clyde, Oakland Co.,	" 400.	2	"
Coleman, Midland Co.,	" 1.100.	2	"
Coloma, Berrien Co.,	" 500.	2	"
Columbiaville, Lapeer Co.,	500.	2	"
Constantine, St. Joseph Co.,	1.400.	1	Ecl.
		3	Allop.
Copemish, Manistee Co.,	500.	2	"
Cross Village, Emmet Co.,	600.	1	"
Crosswell, Sanilac Co.,	" 600.	4	"
Crystal Falls, Iron Co.,	" 1.300.	2	"
Custer, Mason Co.,	" 500.	1	"
Davison, Genesee Co.,	" 700.	3	"
Dearborn, Wayne Co.,	" 800.	3	"
Decatur, Van Buren Co.,	" 1.400.	3	Allop.
		1	Ecl.
Delray, Wayne Co.,	" 600.	4	Allops.
Dimondale, Eaton Co.,	" 500.	2	"
Dollar Bay, Houghton Co.,	700.	1	"
Douglas, Allegan Co.,	" 600.	1	"
East Jordan, Charlevoix Co.,	900.	3	"
Eastlake, Manistee Co.,	" 2.000.	2	"
East Tawas, Iosco Co.,	" 2.300.	5	"
Ecorse, Wayne Co.,	" 500.	3	"
Edmore, Montcalm Co.,	" 900.	2	"
Elk Rapids, Antrim Co.,	1.200.	4	"
Empire, Leelenaw Co.,	" 700.	2	"
Ewen, Ontonagon Co.,	" 1.500.	2	"

Digitized by Google

JANUARY.

Remedies in Constipation.—W. A. Dewey, M. D.
The Therapeutics of Traumatism.—
Chas. S. Morley, M. D.
Clinical Cases.—James C. Wood, M. D.
Hydatidiform Moles.—Mary T. Stevens, M. D.
Naso-Ocular Affections.—E. Gurnee Fellows, M. D.

FEBRUARY.

Cerebral Typhoid.—H. M. Warren, M. D.
Laryngeal Tuberculosis.—D. M Nottingham, M. D.
The Care of Prinipara.—E. Louise Orleman, M. D.
Acute Catarrhal Rhinitis.—Geo. H. Quay, M. D.
Trachoma or Granular Lids.—J. F. McGuire.
Natural Law.—M. W. VanDenburg, M. D.

MARCH.

The Study of Materia Medica.—
E. J. Kendall, M. D.
Chlorosis.—W. R. McLaren, M. D.
Chloroform in Labor.—G. G. Caron, M. D.
Hemorrhagic Glaucoma.—Chas. F Sterling, M, D,
A Case of Attic Disease.—
Thomas M. Stewart, M. D.

APRIL.

Albumin and Casts in the Urine of Diabete.—
Clifford Mitchell.
Rhus Poisoning.—J. W. Dowling, M. D.
The Large Flap Transplantation.—
Chas. S. Morley, M. D.
Neurophilia.—Howard Crutcher, M. D.
Prevention of Bad Symptoms after Removal ofthe Appendages.—M. M. Parmalee, M. D.

MAY.

Similia Similibus Curantur.—
M. P. Hinsdale, M. D.
Life and Times of Hahnemann.—
W. C. Sinclair, M. D.
Natium Muriaticum.—E. J. Kendall, M. D.
Stophanthus in Heart Trouble.—
Geo A. Robertson, M. D.
Gallis Acid as a Haemostatic.—
James A. Freer, M. D.
Unusual Neuroses of Early Pregnancy.—
Ben. T. Bailey.
Hints in the Management of Intis.—
E. D. Brooks, M. D.
Fragment of Bone in the Larynx.—
C. F. Sterling. M. D.

JUNE.

Program of the Amer. Institute of Homoeopathy, Detroit.—C. M. Burton.
Operative Treatment for Incontinence of Urine.—
W. S. Green, M. D.

JULY.

Ryehm.—Arthur T. Roll, M. D.
The Opthalmologist and the Physician.—
Thomas M. Stewart, M D,
Empyema of the Antrum.—Geo. H. Quay, M. D.
A Lesson in Homoeopathy.—S. J. Quinby, M. D.

AUGUST.

Under what conditions shall we Perform Hysterectomy.—Horace W. Packard, M. D.
Shall we not be Liberal as well as Homoeopathic in our Teachings?—W. C. Sinclair. M. D.
Address before the Section of Sanitary Science.—
Sarah J. Millsop, M. D.
Placental Apoplexy.—Allison Clokey, M. D,
A Proving of Thlapsi.—J. C. Fahnestock, M. D.
Some Remedies in Summer Diarrhoea.—
Sarah J. Gaston, M. D.
Silicia.—May J. Willard, M. D.

SEPTEMBER.

Erysipelas.—B. H. Lawson, M. D.
State Control of Sanitation.—R. H. Stevens, M. D.
A Few Cases of Mastoid Disease.—
Harold Wilson, M, D.
Science in Medicine.—Wm. Owens, M. D.
Infant Feeding —Louis Fischer.

OCTOBER.

A. Spurious Totality.—Samuel A. Jones, M. D.
Surgical Treatment of Injuries of the Head.—
Geo. Maxwell, M. D,
Vaginal Hysterectomy.—J. C. Fahnestock, M. D.
VanDenburg's Materia Medica.

NOVEMBER.

The Tongue.—E. J. Kendall, M. D.
Eye Strain.—
Some Clinical Cases —E. Louise Orleman, M. D.
Typhoid Fever with Hyperexia.—
R. H. Stevens, M. D.
Harvard Alumni Address.—Chas. M. Burney, M. D.

DECEMBER.

Dr. John Ellis.—E. R. Ellis, M. D.
The Ethics of Specialism.—James G. Gilchrist.
Endocarditis.—A. P. Hanchett.
Landry's Paralysis.—S. H. Knight, M. D.
Hernia —W. D. Foster, M. D.
Breast Amputation.—C. G. Crumrine, M. D.
The Perception of Color.

Digitized by Google

UNIVERSITY OF MICHIGAN

HOMŒOPATHIC

MEDICAL COLLEGE.

A department of a great university with all the privileges of university residence.
A Library of 100,000 volumes for the free use of students.
The largest Chemical Laboratory in the world.
Actual work in the Pathological and Bacteriological Laboratories.
Demonstration courses in all the leading specialties
Expense for living and fees fifty per cent less than in other college towns.
Men and women admitted on equal terms.

Thoroughly equipped hospital under absolute control of faculty.

NEXT TERM BEGINS FIRST WEDNESDAY IN OCTOBER.

For particulars, address,

R. S. COPELAND, M. D., Secretary,
ANN ARBOR, MICHIGAN.

W. B. HINSDALE, M. D., Dean.

H. J. Milburn & Co.

81 WOODWARD AVE.

Keep in Stock a great Assortment of . . .

Physicians and Surgeons Supplies.

YOUR PATRONAGE IS SOLICITED.

Chicago Homoeopathic Medical College

...and its Hospital...

The Leading College of Practical Medicine and Surgery.
Opposite Cook County Hospital.

Advantageously Located in the midst of the Great Hospital and College District of the City of Chicago.

New College Hospital. ***New Laboratory Building.***

Twenty-first Year, 1896-97.

Graded Curriculum extending over four Collegiate years. Advanced standing on special conditions. New and completely equipped Scientific Laboratories. Ample Clinical material in the Hospitals and Dispensary Departments. Thorough and practical instruction by experienced professors, in every Department of Medicine and Surgery.

THE LARGEST CLINICS IN THE WORLD,

which afford Homœopathic instruction, are held in the College buildings and large Hospital opposite, by members of the Faculty and by the Hospital Staff

Regular session begins September 22, 1896. Announcement and Catalogue sent on Application.

JOHN R. KIPPAX, M. D, LL. B., Secretary,

3154 Indiana Avenue, Chicago.

In writing to our advertisers please mention "The Medical Counselor."

Digitized by Google

For Table of Contents see Page II.

The Medical Counselor

A JOURNAL OF HOMŒOPATHY AND COLLATERAL SCIENCES.

"Amicus Plato, amicus Socrates, sed magis amica veritas."

PUBLISHED MONTHLY BY THE MEDICAL COUNSELOR PUBLISHING CLUB.

$1.00 per Year. Entered at Detroit Post Office as Second Class Matter. Single Copies 10c.

OLD SERIES VOL. XV. No. XII.
NEW SERIES VOL. I. No. XII.
DETROIT, DEC., 1896.
Whole Number 222

Reliable Homoeopathic Remedies

and Supplies of all kinds

for PHYSICIANS

Tinctures, Triturations, Tablets,

BOOKS, INSTRUMENTS, ETC.

Only Purest Recrystalized SUGAR of MILK used.

THE EARLIEST MAKER OF TABLETS IN THE WEST.

...Send for Prices.

HEADQUARTERS FOR

Schüssler's Twelve Tissue Remedies.

JOHN J. MITCHELL,

...PROPRIETOR...

13 Wilcox Avenue,

Detroit Homœopathic Pharmacy.

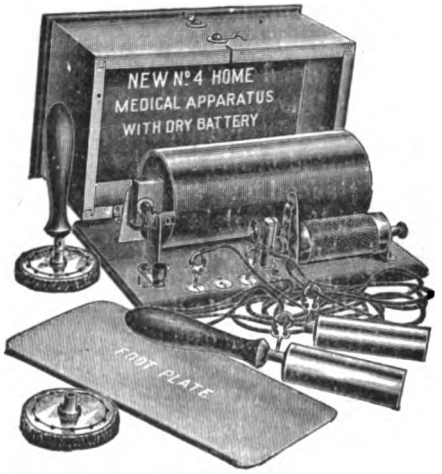
DETROIT, MICH.

Digitized by Google

CONTENTS.

ORIGINAL ARTICLES—	PAGE
John Ellis, M. D.—Ellis	261
The Morality and Ethics of Specialism—Gilchrist	263
Endocarditis—Hanchett	267
Landry's Paralysis—Knight	269
Hernia—Foster	272
Breast Amputation—Crumrine	275
The Perception of Color—Wilson	277
EDITORIALS—	
The Woodbridge Treatment of Typhoid Fever	281
The Presence of Diphtheretic Bacilli in Normal Throats	281
EDITORIALS—Continued—	
The New York Homoeopathic League	282
The New York Board of Health and Schools	282
Dr. John Ellis	282
The Serum diagnosis of Typhoid Fever	282
The Treatment of Eneuresis by Electricity	283
Diphtheria in Michigan	283
Peculiar Symptoms	284
Michigan Towns	284

A CERTIFIED LENSE FRONT THERMOMETER WITH THIS CASE $1.00 net.



Kuhlman's Improved Dry Cell Battery,
In Polished Mohogany Case, Size 8½ x 5 x 4½. Cell will last from 4 to 12 months, New Cell 50 cts. Price Battery Complete, $7.50.

You can find....

The largest Line of

SURGICAL INSTRUMENTS and SUPPLIES

IN MICHIGAN AT

KUHLMAN'S

We can save you 25 to 50 per cent. as we manufacture most of our instruments.

A. Kuhlman & Co.,

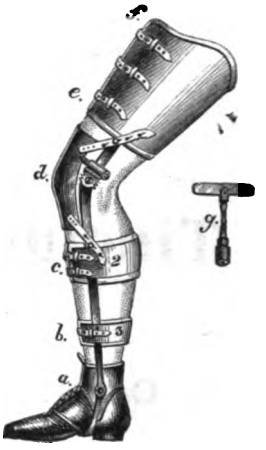
Manufacturers, Importers and Dealers in.....

SUPERIOR SURGICAL INSTRUMENTS,

Elastic Stockings, Deformity Apparatus, Trusses, Electric Batteries, Invalid Chairs, Etc.

203 Jefferson Avenue, - DETROIT, MICH.

Telephone 287. Send for Catalogue. Established 1867.



Deformity Apparatus of every description made to Order. ☞ Special attention given to the proper adjustment of Trusses, Supporters, and Elastic Stockings.

ANTISEPTIC... ...ABSORBENT.

Surgical Dressings and Specialties

...MADE OF...

Hartman's Wood Wool.

Wood Wool is the best known Absorbent, Soft, Light, Antiseptic and Deodorant.
Endorsed by the Medical Profession of Europe and America.

SEND FOR SAMPLES AND CIRCULARS TO....

HYGIENIC WOOD WOOL CO.,

56 Broadway, ☞ ☞ ☞ NEW YORK.

Digitized by Google

...Liquor Haemoferri...

(LIQUID HAEMOFERRUM)

Is the most recent form of administering Haemoferrum (oxyhaemoglobin). The iron of the blood is the best form of iron to administer to the blood, and such a form of iron is Haemoferrum, the pilloids of which have met with remarkable success in the hands of physicians. To meet a general demand for Haemoferrum in liquid form, which might be acceptable to delicate women and children who object to the pilular form, we recently devised Liquor Haemoferri, a delicious cordial, each teaspoonful of which contains six grains of Haemoferrum. The addition of the small quantity of pure spirits it contains seems to be of value in this preparation, inasmuch as its slight stimulating properties work advantageously with the administration of iron.

Literature and samples will be sent to physicians on request.

FREDERICK STEARNS & CO.,

Manufacturing Pharmacists,

DETROIT, MICH., U. S. A.

THE IDEAL PULMONARY INSPIRATOR.

Sold Only on Prescriptions from Physicians.

A perfected apparatus for the treatment of diseases of the Respiratory Organs by the inhalation of antiseptic remedies in **dry** or **moist heated air.**

The volume of medication set free in the heated current is under perfect control of the operator, by means of which *perfect pulmonary tolerance* is immediately established.

Remarkable results are being realized by the use of this instrument in Tuberculosis, Bronchitis, Asthma, Emphysema, Catarrh, Laryngitis, Pharyngitis, and "La Grippe," also in all forms of chronic diseases dependent in part, or in whole, on the want of oxygen in the vital fluids.

In an average case of Phthisis the tubercle bacilli *usually disappear from the sputa in from three to six months.*

A complete list of formulæ of antiseptic remedies is furnished—to the physician only—with the instrument.

Heated oxygen gas can be safely administered, at any desirable temperature, or in combination with medicated **dry or moist heated air,** by means of our

UNIVERSAL PULMONARY INSPIRATOR.

Experience is proving that **heated oxygen gas** is approximately a **specific remedy** in both the early and advanced stages of Pneumonia, administered by means of this INSPIRATOR, in conjunction with certain stimulating antiseptic remedies.

In view of the surprising results realized by the use of this remedy, no physician can afford to treat a case of this disease without it.

SIZE OF INSTRUMENT, 8½ x 16 INCHES.

Caution.—Physicians are cautioned against an Inhaler recently advertised as identical with the Ideal Pulmonary Inspirator, the cut in its advertisement, with the exception of the head and lower portion, being a reproduction of our own. We will protect purchasers of our goods against all pretenders. We are the original and ONLY INVENTORS (Patent No. 547,322) and sole manufacturers of these Instruments. Royalties at the rate of Ten Dollars on each Inspirator used, infringing our patent, will be collected by our Attorneys.

From Merck's Market Report, Feb. 15th, 1896: There has crept inadvertently into some early copies of Merck's 1896 Index an advertisement which, it is claimed, reflects upon the business character of Messrs. G. B. Underwood & Co., of 15 East Fourteenth Street, New York. We know Messrs. G. B. Underwood & Co. to be a house of repute, and they have shown us the original United States patent issued to them, covering the Pulmonary Inspirators which they are offering to the medical profession throughout the country. We make this statement freely, out of justice to Messrs. G. B. Underwood & Co.

MERCK & CO.

DESCRIPTIVE PAMPHLET WITH PRICE-LIST SENT ON APPLICATION.

Chemically Pure Oxygen Gas for Medicinal Purposes a Specialty.

G. B. UNDERWOOD & Co., No. 15 East 14th St., NEW YORK CITY.

Digitized by Google

"The Carlsbad of America."

MT. CLEMENS, - - MICH.

J. A. LENFESTEY, M. D.,

Resident Physician,

27 N. GRATIOT STREET, 'PHONE 19.

Send for circulars, "Guide to Mt. Clemens," Analysis of the Mineral Waters, &c.

TELEPHONE 1209.

E. R. ELLIS, M. D.,

Surgery & Chronic Diseases a Specialty.
The Ellis Homœopathic Books

Family Guide 240 pages, $1. Family Homœopathy, 400 pages, $1.50. Avoidable Causes of Diseases, 400 pages, $1.50 sent by mail. Medicine for Families.

20 WILCOX ST. COR. FARRAR, DETROIT, MICH.

Telephone 2592.

J. M. GRIFFIN, M. D.,

Specialist in SKIN DISEASES,

106 MIAMI AVENUE, DETROIT, MICH.

OFFICE HOURS 1-3 and 6-8 P. M. and by appointment for the removal of SUPERFLUOUS Hair and Facial Blemishes.

W. R. McLAREN, M. D.,

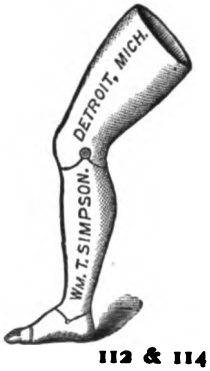
DISEASES OF THE CHEST,

25 Washington Avenue, - - DETROIT, MICH.

WM. T. SIMPSON,

Manufacturer of

FOSTER'S PATENT UNION



Artificial

LIMBS,

112 & 114 BATES ST.,

DETROIT, MICH.

TELEPHONE 2074.

V. STAEB & WIFE,

MEDICAL ELECTRICIANS,

ELECTRIC BATHS, TREATMENT and MASSAGE,

68 FARRAR STREET.

DETROIT, MICH.

Electric Baths,
Electro-Thermal Baths,
Vapor and Medicated Baths,
Ocean Salt Baths,
Massage Treatment,
Electro-Magnetic,
Galvanization,
Faradization.

MAX REDELSHEIMER, MANUFACTURING OPTICIAN.

25 Years experience in this City.

Indorsed by all First-Class Oculists.

249 Woodward Ave.,

DETROIT, MICH.

THE NATIONAL MEDICAL EXCHANGE. --- Physicians', Dentists', and Druggists' Locations and Property bought, sold, rented, and exchanged. Partnerships arranged. Assistants and substitutes provided. Business strictly confidential. Medical, pharmaceutical and scientific books supplied at lowest rates. Send ten cents for MONTHLY BULLETIN containing terms, locations, and list of books. All inquiries promptly answered.

Address H. A. MUMAW, M. D., Elkhart, Ind.

THE NATIONAL

Surgical & Dental Chair Exchange.

All kinds of New and Second-Hand Chairs, Bought, Sold and Exchanged.

Send for our BARGAIN LIST.

Address with stamp,

DR. H. A. MUMAW, ELKHART, IND.

Wanted—An Idea Who can think of some simple thing to patent? Protect your ideas; they may bring you wealth. Write JOHN WEDDERBURN & CO., Patent Attorneys, Washington, D. C., for their $1,800 prize offer and list of two hundred inventions wanted.

Wanted—An Idea Who can think of some simple thing to patent? Protect your ideas; they may bring you wealth. Write JOHN WEDDERBURN & CO., Patent Attorneys, Washington, D. C., for their $1,800 prize offer and list of two hundred inventions wanted.

Digitized by Google

Notice:—That we have cut our subscription price in two for 1897. Take advantage of it.

We wish all the readers of the Counselor a merry Christmas and a happy New Year. We trust that the year about to close has not dealt hardly with you and that the coming year will bring increased prosperity and happiness. We thank our numerous patrons for their liberal support during the year that has passed and look forward to a renewal of these pleasant relations in 1897. The Counselor would respectfully call your attention to its liberal club rates for 1897. They are for the advantage of the old subscribers as well as for the new. Subscribe early so as to begin with the New Year, $1.00 for 1897.

Wood Wool is being used in Grace Hospital with much satisfaction. It is used as a dressing instead of absorbent cotton, for tampons, for obstetrical pads, etc. If you have not tried it write to the Hygienic Wood Wool Co., 56 Broadway, and they will furnish you with samples. Don't forget to mention the Counselor.

We are pleased to announce that A. Kuhlman & Co. have opened a complete pharmaceutical department in connection with their long established and thoroughly reliable surgical instrument business. The new department will be under the management of Mr. Schimmel, whose extensive association with the physicians of the city and state, and whose untiring efforts to promote the interests of the medical profession entitles him to the confidence of the most exacting. The new firm of Kuhlman & Schimmel will now be able to supply you with anything you may be in need of in the line of drugs, chemicals, pharmaceuticals, prescription work, office requisites of whatever nature, surgical instruments, deformity apparatus, sick-room and hospital supplies. Their store is at 203 Jefferson avenue.

LIQUID HAEMOFERRUM.

(Liquor Haemoferri.)

Frederick Stearns & Co. state that Liquid Haemoferrum was introduced by them to meet the demand of physicians who often desire to prescribe Haemoferrum in the liquid form and in combination with a stimulant. It is a delicious cordial, each teaspoonful of which contains six grains of Haemoferrum, which is equivalent to two Haemoferrum Pilloids. Haemoferrum is that form of iron which exists naturaly in the blood—in other words it is pure oxyhaemoglobin. A full description of the product will be found in the monograph on "Oxyhaemoglobin and Allied Products" published by the Scientific Department of Frederick Stearns & Co. Their circular on Haemoferrum contains a number of clinical reports from physicians who have used the article successfully in their practice. Both of these pamphlets will be sent free to physicians desiring them. Send mailing address to them with requests, and copies will be mailed promptly.

I have prescribed the Schuessler Tissue Remedies for some time in my practice. I used to be a Regular M. D., but now I use the Tissue Remedies 9 times where I use Allopathy once. My success with the old system is not to be compared with the splendid results I received from the Schuessler Tissue Remedies (prepared by Luyties Pharmacy, St. Louis). I can truthfully say that in many cases my success with these remedies has been phenominal. And if every doctor only knew the good results to be obtained by the use of the Tissue Remedies, they would not hesitate for a moment about using them-so simple and easy to use—no conflicting ideas and reasons as in allopathy. I can truthfully say that biochemistry is as easy to understand and practice as two times two is four. I have Dr. Carey's book, the Biochemic System of Medicine, to which I refer more often than I do my Bible.

Very respectfully yours,
A. P. BETTS, M. D.

(Luyties Homoeopathic Pharmacy Co., St. Louis, is headquarters for the Schuessler Tissue Remedies.)

Subscribe for the Counselor and give Homoeopathy in Michigan a lift, $1.00 for 1897.

Digitized by Google

Hahnemann Medical College and Hospital

...OF CHICAGO...

The Largest and Best Equipped Homœopathic Medical College in the World.

THE THIRTY-SEVENTH ANNUAL SESSION

OPENED SEPTEMBER 15th, 1896.

The College Curriculum embraces the following features.

1. **A four years' graded Collegiate Course.**
2. **Hospital and Dispensary Clinical Instruction by the College Staff.**
3. **Fourteen General Clinics and Sixty Sub-clinics each and every week of the session.**
   Actual Laboratory Instruction in thoroughly equipped Laboratories.

THE buildings are all new, commodious, and fitted with everything which thirty-six years of experience can suggest. Heated by steam, lighted by electricity, and modern in every particular. The hospital has 12 wards, 48 private rooms, 6 operating rooms, 6 "foyers," for convalescents, an Emergency Examining and Operating Room, Reception Room, Office, etc., all under the immediate charge of the College Staff. The new College Building has large, well-equipped Anatomical, Physiological, Pathological, Chemical, Microscopical, Biological and Bacteriological Laboratories, Cloak Room, Cafe, Smoking Room, Ladies' Parlor, and Toilet Rooms. .·. FOR ANNOUNCEMENT, ADDRESS, **The Registrar.**

C. H. VILAS, M. D., Dean, JOSEPH P. COBB, M. D., Registrar, 2811-13 Cottage Grove Ave.

"Sanguis Sanguine Curetur."

Repeated demands for a *Resume* of the Advanced and Critical Discussions that have appeared in the SANITARY ERA during eight or nine years past, on one or another of its leading specialties, have prevailed on the Editor to commence the issue of a series of TRACTS, of which we are now able to announce as Number One.

THE NEW MEDICAL ERA OF HÆMATHERAPY:

By Dr. T. J. BIGGS, Ass't Surgeon New York Polyclinic;

With Numerous Medical Contributors and Collaborators.

Exhibiting the Philosophy, Practice, Technique, and Clinical Results of the New Treatment by Blood, so far as developed in both Medicine and Surgery; more especially in the cure of desperate Ulcers; Rapid Skin-propagation from "points" of any kind of dermal tissue; recovery from hæmorrhage collapse in traumatic, post-partum, or choleraic cases; Repair of necrosed bone; Rectal and subcutaneous blood supply in the prostration of fevers, consumption, surgical operations, etc.; Perfected and *Direct Blood* Nutrition, for Anæmia, Debility, Dyspepsia, Cholera Infantum, Marasmus, and all other wasting diseases.

12mo, pp. 110: Illustrated; paper covers: post-free to any address, for Five Cents; with a sample copy of THE SANITARY ERA, Terms, Premiums, etc.

Address,

THE SANITARY ERA, 466 W. 151-st., New York.

In writing to our advertisers please mention "The Medical Counselor."

Digitized by Google

NEW YORK HOMŒOPATHIC MEDICAL COLLEGE and HOSPITAL.

Corner 63d Street and Eastern Boulevard, NEW YORK CITY.

Session Begins October 6, 1896. Closes About May 1, 1897.

The course of instruction is carefully graded, beginning with laboratory work, and didactic teaching in Chemistery, Anatomy, Physiology, and Histology. In these branches the students are provided with chemical apparatus, reagents, subjects for dissection, microscopes and all the instruments and material requisite for a thorough knowledge of the various subjects taught.

The Seniors are carefully instructed in General and Special Pathology, Diagnostics and Therapeutics, as applied to all forms of diseases. Clinical instruction constantly supplements the lectures, material being supplied from the large Dispensary attached t the College. Beside instruction is given in the diseases of children, and in obstetrics; operations in General Surgery and in Gynæcology at the Flower Hospital adjoining the College, and Laura Franklin Hospital for Children. Regular clinics will be given at the New Medical Hospital and at the large Metropolitan Hospital.

G. G. SHELTON, M. D., Registrar, 521 Madison Ave. WM. TOD HELMUTH, M. D., LL.D., Dean.

For information and announcements address the Secretary,

H M DEARBORN, M. D., 146 West 57th St., N Y. City.

The Medical Counselor

Read It, Subscribe for it,

It will please YOU. It will please US.

Price Reduced to - - $1.00

TO MEET THE TIMES.

CLUB RATES—Leslie's Illustrated Weekly and Counselor for one year for $3.00 Clinique and Counselor till January 1898 for $2.50. Leslie's Illustrated Weekly, Clinique and Counselor 1 year for $5.00. Discount to Students. Professional Card and Counselor, 1 year, $5.00.

'Phone 2188...

John Friesema.
Harry Friesema.

FRIESEMA BROS. PRINTING CO.,

70 & 72 Larned Street West,

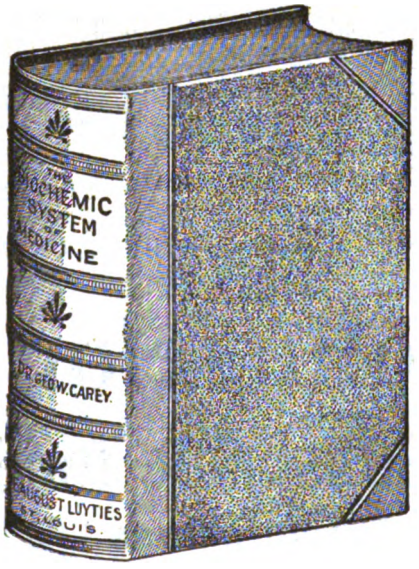
Mail Orders receive... Prompt and Careful Attention.

DETROIT, MICH.

Digitized by Google

The Biochemic System of Medicine

FOR ONE DOLLAR.



This Book contains nearly 500 pages of matter, giving all there is known of the therapeutic range of the Schuessler Tissue Remedies.

IN order to give *every physician* an opportunity to get a copy of the best and latest book on the Schuessler Tissue Remedies, we will send a copy of THE BIOCHEMIC SYSTEM OF MEDICINE (latest third edition), for

ONE DOLLAR

(regular price, cloth, $2.50; half-morocco, $3.50), to any physician sending us an order for a set of the Twelve Tissue Remedies, in Trituration form, in 5-oz., 10-oz., or 20-oz. bottles, or in Tablet form in bottles containing 1,000, 2,000 or 4,000 Tablets.

REDUCED PRICES.

Per set of Twelve Remedies in 5-oz. bottles in Trituration form, $4.00; with book, $5.00.

Per set of Twelve Remedies in Tablet form, bottles containing 1,000 of each remedy, $6.00; with book, $7.00.

On each bottle will be found one of our Materia-Medica labels giving the principal uses, according to Schuessler, of the remedy contained therein.

THIS SPECIAL OFFER WILL HOLD GOOD FOR A SHORT TIME ONLY.

LUYTIES HOMŒOPATHIC PHARMACY CO.,

306 NORTH BROADWAY, ST. LOUIS, MO.

Digitized by Google

Dear Doctor:

The Editor of ***The Medical Counselor*** *is desirous of presenting a complete report of the experience of Homœopathic practitioners with diphtheria and giving forth their results—proving, if possible the superiority or not of our method over all others especially the Antitoxin method. With that purpose in view, we have sent you with hundreds of others this blank hoping you will fill it out and return it with such other remarks and reports of cases as may seem of interest to you. Send us a consecutive series of as many cases as you can.*

1. *Number of cases..... Number of deaths.....*
2. *Was the diagnosis made by clinical evidence or by bacteriological examination? Number by each method.....*
3. *Give the ages of your patients, and the number dying at each age .....*
4. *State the number of cases in which the membrane was situated respectively upon tonsils, nose, pharynx, or larynx and the results in each class of cases, especially of laryngeal cases .....*
5. *Was intubation or tracheotomy performed, and the result from each operation?*
6. *In how many cases was there present sepsis, nephritis, broncho-pneumonia or paralysis, and how many fatal cases of each ?.....*
7. *State in a general way your treatment and remedies used .....*
8. *Remarks and cases .....*

Very truly yours,

STEPHEN H. KNIGHT, M. D.,

Editor Medical Counselor. *14 West Willis Avenue, Detroit.*

Vandenburg's New . . . Materia Medica.

The Sample Fascicle is now ready to deliver to subscribers.

It is the only Materia Medica giving **all** the symptoms of **all Authors.**

It is the only Materia Medica showing at a glance **how many provers** experienced the symptoms.

It is the only Materia Medica that shows in a workable form the **concomitance** of symptoms.

Unequalled for **rapid consultation** and **practical use.**

For further information address the Author

M. W. VANDENBURG,

Fort Edwards, N. Y., U. S. A.

Digitized by Google

Hahnemann Medical College and Hospital.

BROAD ST. above RACE.

OF PHILADELPHIA.

Established 1848. The Oldest Homœopathic College in the World.

...2267 GRADUATES...

NOTE THE FOLLOWING POINTS

1. A Four Years' Graded Course.
2. Lectures begin October 1st, and close April 30th.
3. A Faculty and Lecture Corps of the best Instructors in the Country.
4. Unexcelled Clinical Facilities.

Over thirty thousand individual patients treated yearly in the different departments of the Hospital. For the utilization of this vast amount of clinical material, there are provided (1st) General Medical and Surgical Clinics, held twice a week, to which all students have access; (2d) Five Special Sub-Clinics, held daily, for members of the graduating class only. This class is divided into five sections, each section taking six weeks alternately: (1) In Surgery, including Genito-Urinary Diseases; (2) General Medicine; (3) Eye and Ear; (4) Gynæcology; (5) Heart and Lung, Skin, Nervous Diseases and Throat. Each student examines patients, uses instruments of diagnosis, prescribes medicines and performs operations under the direction of the clinical teacher.

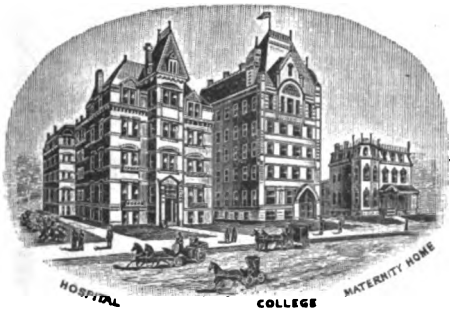
For full particulars send for Announcement to the . . . .

HAHNEMANN MEDICAL COLLEGE,

PEMBERTON DUDLEY, M. D., Dean,
CHARLES MOHR, M. D., Registrar. **PHILADELPHIA.**

The Cleveland University of Medicine & Surgery.

FORMERLY CLEVELAND HOMŒOPATHIC HOSPITAL COLLEGE.



ITS buildings are commodious and thoroughly equipped.

ITS clinical advantages are unrivalled.

ITS graduates number sixteen hundred.

ITS four years graded course maintains the highest standard of medical education.

For Information, address

DUDLEY SMITH, M. D., Registrar,

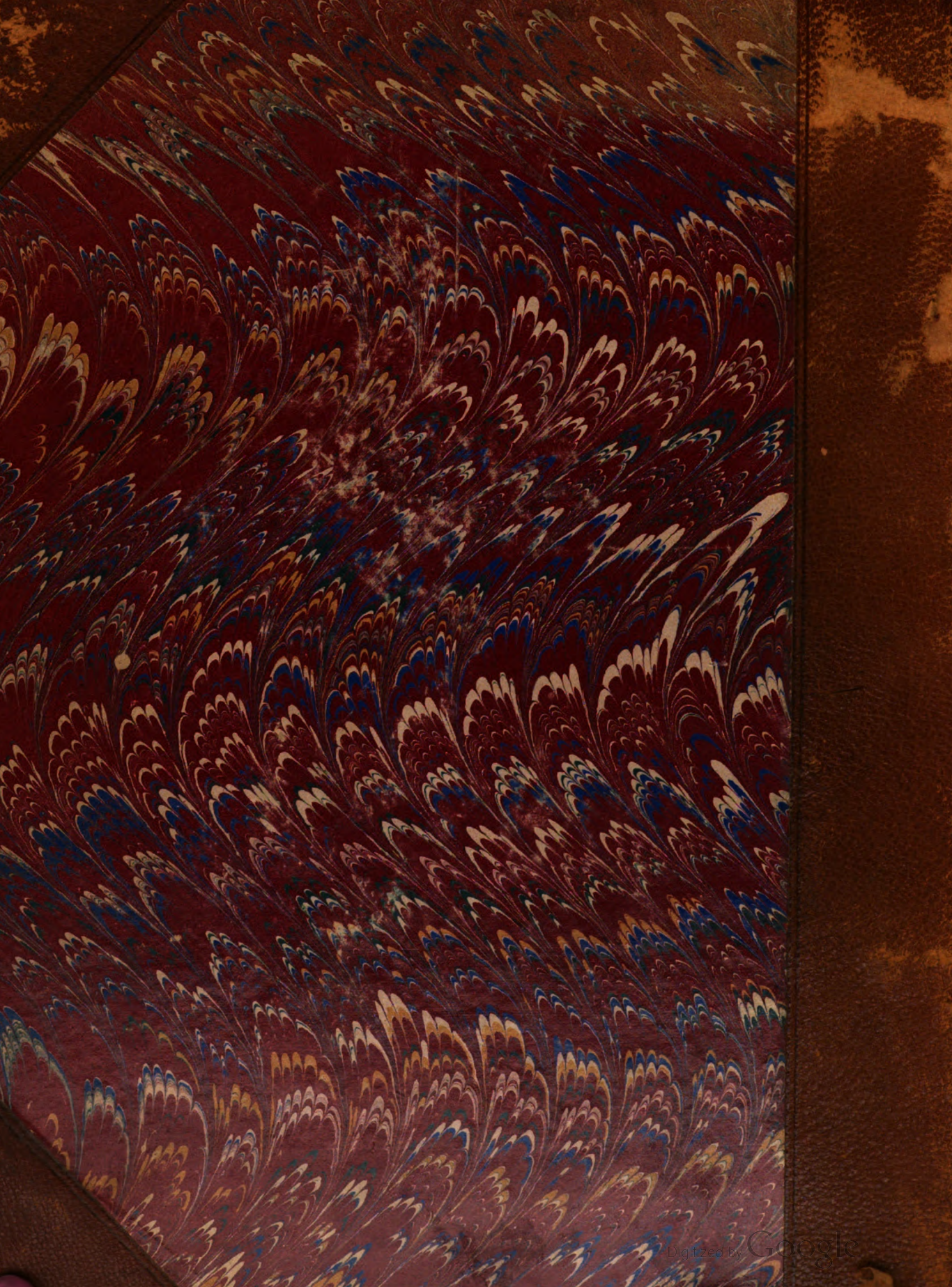
62 HURON ST., CLEVELAND, OHIO.

Digitized by Google

Digitized by Google

BOUND IN LIBRARY
DEC 22 1905

Digitized by Google


Digitized by Google